

FOR REFERENCE

Do Not Take From This Room

0011

School of Education
May 20, 1935
13329

FOR REFERENCE

Do Not Take From This Room

Burns

1935

stored

BOSTON UNIVERSITY
SCHOOL OF EDUCATION

Thesis

HISTORY OF THE TREATMENT OF CRIPPLED CHILDREN
IN MASSACHUSETTS

Submitted by

Anna Cecelia Burns

(B.S., Boston University, 1933)

In partial fulfillment of requirements
for the degree of Master of Education

1935

Boston University
School of Education
Library

First Reader-Franklin C. Roberts-Associate Professor of Education
Second Reader-George K. Makechnie-Instructor in the Social Studies

✓

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

REPORT

ON THE CHEMISTRY OF THE
HYDROLYSIS OF CERTAIN
ESTERS

Submitted by

THE UNIVERSITY OF CHICAGO

(M. S. Thesis, 1924)

In partial fulfillment of the requirements

for the degree of Master of Science

1924

TABLE OF CONTENTS

<u>CHAPTER</u>		<u>PAGE</u>
I	General Introduction	1
II	Sketch of the Various Institutions	13
III	Statistics of Crippled Children in Massachusetts	76
IV	Legal Aspects	103
V	Financial Aspects	128
VI	Summary and Recommendations	152

TABLE OF CONTENTS

PAGES

CHAPTERS

I	General Introduction	I
15	Sketch of the Various Institutions	II
73	Statistics of Criminally Offended in Massachusetts	III
103	Legal Aspects	IV
108	Financial Aspects	V
153	Treatment and Recommendations	VI

LIST OF TABLES

<u>TABLE</u>		<u>PAGE</u>
I	Blank Used for Survey of Crippled Children.	77
II	Survey Showing by Localities Number of Visiting Teachers, Number of Children Receiving Instruction, and Cost of Maintenance.	101
III	Education of Physically Handicapped Children in Homes.	102
IV	Income and Expenses of the New England Peabody Home for the years 1906 - 1933.	142 & 143
V	Income and Expenses of the Massachusetts Industrial School for the years 1904 - 1934.	144 & 145
VI	Income and Expenses of the Berkshire School for the years 1918 - 1932.	146
VII	Income and Expenses of the Massachusetts Hospital School for the years 1908 - 1933.	147 & 148
	Nativity and Parentage of Children Admitted to Massachusetts Hospital School in 1933.	149 & 150
VIII	Financial Statement of Sol-e-Mar Year Ending January 31, 1930.	151

Digitized by the Internet Archive
in 2016 with funding from
Boston Library Consortium Member Libraries

"If we want civilization to march forward it will march not only on the feet of healthy children, but beside them, shoulder to shoulder, must go those others - those children we have called 'handicapped' - the lame ones, the blind, the deaf and those sick in body and mind. All these children are ready to be enlisted in this moving army, ready to make their contribution to human progress; to bring what they have of intelligence, of capacity, of spiritual beauty. American civilization cannot ignore them." (1)

Bill of Rights of the Handicapped Child

The Handicapped Child Has A Right:

1. To as vigorous a body as human skill can give him.
2. To an education so adapted to his handicap that he can be economically independent and have the chance for the fullest life of which he is capable.
3. To be brought up and educated by those who understand the nature of the burden he has to bear and who consider it a privilege to help him bear it.
4. To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or ridicule - but which welcomes him, exactly as it welcomes every child, which offers him identical privileges and identical responsibilities.
5. To a life on which his handicap casts no shadow, but which is full day by day with those things which make it worth while, with comradeship, love, work, play, laughter, and tears - a life in which these things bring continually increasing growth, richness, release of energies, joy in achievement. (2)

(1) White House Conference, 1930. p. 291.

(2) Ibid, p.p. 291 - 292.

"If we want civilization to march forward it will march not only on the feet of healthy children, but on the shoulders of mothers, and on the backs of fathers - these children we have called 'handicapped' - the lame ones, the blind, the deaf and those with other physical defects. All these children are ready to be enlisted in this moving army, ready to make their contribution to human progress; to bring what they have of intelligence, of capacity, of spiritual health. Handicapped civilization cannot ignore them." (1)

Bill of Rights of the Handicapped Child

The Handicapped Child has a Right:

1. To be vigorous a body as human will can give him.

2. To an education so adapted to his handicap that he can be economically independent and have the chance for the fullest life of which he is capable.

3. To be brought up and educated by those who understand the nature of the handicap he has to bear and who consider it a privilege to help him bear it.

4. To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or dislike - but with welcome him, exactly as it welcomes every child, which offers him identical privileges and identical responsibilities.

5. To a life in which his handicap casts no shadow but which is full of joy with those things which make it worth while, with companionship, love, work, play, laughter, and tears - a life in which these things bring continually increasing growth, richness, release of energies, joy in achievement. (2)

(1) White House Conference, 1930, p. 201.

(2) Ibid., p. 201 - 202.

CHAPTER I

GENERAL INTRODUCTION

This thesis will present the History of the Treatment of the Crippled Children in Massachusetts.

By the term crippled children is meant those children whose future capacity for self support is threatened by disease or defect of the bones, joints, or muscles.

The word cripple appears to have a Teutonic origin from the Gothic Kriupan "to creep", and its meaning is restricted to a slowness of movement or lameness. It was in its early meaning, through the presence of the diminutive suffix (A.S.cripel) confused with "dhvaros" the Sanskrit word for dwarf, which often has the meaning "evil one", and the close connection between deformity of the lower limbs and the historical hunchback is at once apparent.¹

The introduction tells briefly about the treatment of the cripples in other countries, notably Germany, England, and France. In Massachusetts the institutions specially mentioned as giving aid and treatment to the crippled children are: The Massachusetts Hospital School at Canton, The New England Peabody Home for Crippled Children in Newton, The Industrial School for Crippled and Deformed Children in Boston, The Berkshire School in Pittsfield, The Sol-e-mar Hospital in South Dartmouth, and The Shriners' Hospital in Springfield.

¹ Watson, Frederick, Civilization and the Cripple, p. 2.

GENERAL INTRODUCTION

This thesis will present the history of the treatment of the crippled children in Massachusetts.

By the term crippled children is meant those children whose future capacity for self support is threatened by disease or defect of the bones, joints, or muscles.

The word cripple appears to have a Germanic origin from the Gothic *krinjan* "to creep", and its meaning is

restricted to a slowness of movement or lameness. It was in its early meaning, through the presence of the diminutive suffix (A.S. *cripel*) combined with "limb" the derivative word for dwarf, which often has the meaning "very one", and the close connection between deformity of the lower limbs, and the historical knowledge is at once apparent.

The introduction tells briefly about the treatment of the crippled in other countries, notably Germany, England, and France. In Massachusetts the institutions specially mentioned as giving aid and treatment to the crippled children are: The Massachusetts Hospital School at Canton, The New England School for Crippled Children in Newton, The Industrial School for Crippled and Deformed Children in Boston, The German School in Pittsfield, The Bol-e-mar Hospital in South Norwalk, and the Children's Hospital in Springfield. A list of the Massachusetts, Civilian and the English, p. 8.

From the very earliest times the lot of the cripple has been an extremely hard one. Even in the ages of antiquity, among the primitive people, cripples were disposed of in a very simple manner. They were cast out and left to perish. As such treatment was thought to be justifiable, a community easily discharged its duty in the matter. The Oriental people turned forth their cripples to wander in the wilderness. The inhabitants of Ancient India cast them into the Ganges. The Spartans hurled them from a precipice. The early Jews banished their cripples from the cities and communities so they had to beg by the roadside. The general attitude of ancient people was to consider a physical deformity a blight sent by God either as a sign of His displeasure, or as a punishment for sin.

The Greeks, worshipping the perfection of bodily form, regarded a cripple as the incarnation of everything unlovely, not only physically but also mentally and morally. In the Iliad Homer describes Thersites as possessed of every ugly attribute and equally deformed in body and mind. Thersites is the despicable representative of the common masses despised by the aristocratic class for which the Homeric poems were composed. Thus his physical deformities symbolize his social degradation. Such was the propensity of this crippled soldier of the army before Troy for indulging in vituperative language that he could not abstain from directing it against not only the chiefs of the army, but even against

From the very earliest times the lot of the epileptic has been an extremely hard one. Even in the ages of antiquity, among the primitive people, epileptics were disposed of in a very simple manner. They were cast out and left to perish. As such treatment was thought to be inevitable, a comically easily discharged duty in the matter. The epileptic people turned forth their epileptics to wander in the wilderness. The inhabitants of Ancient India cast them into the Ganges. The Germans hurled them from a precipice. The early Jews banished their epileptics from the cities and communities as they had to beg by the roadside. The general attitude of ancient people was to consider a physical calamity a slight sent by God either as a sign of His displeasure, or as a punishment for sin.

The Greeks, worshipping the perfection of bodily form, regarded a cripple as the incarnation of everything evil, not only physically but also mentally and morally. In the Iliad Homer describes Thersites as possessed of every evil attribute and equally deformed in body and mind. Thersites is the hapless representative of the common masses despised by the aristocratic class for which the heroic poems were composed. Thus his physical deformities symbolize his moral degradation. Such was the propensity of this despised soldier of the army before Troy for indulging in vituperative language that he could not abstain from uttering it against not only the chiefs of the army, but even against

Agamemnon himself. It is said that he perished at the hand of Achilles while he was ridiculing the sorrow of that hero for the slain Penthesilia.¹

All others took their seats, and kept their place;
Thersites only, clamorous of tongue,
Kept brawling. He, with many insolent words,
Was wont to seek unseemly strife with kings,
Muttering whate'er it seemed to him might move
The Greeks to laughter. Of the multitude
Who came to Ilium, none so base as he -
Squint-eyed, with one lame foot, and on his back
A lump, and shoulders curving towards the chest;
His head was sharp, and o'er it the hairs
Were thinly scattered. Hateful to the chief
Achilles and Ulysses, he would oft
Reville them. He to Agamemnon now
Called with shrill voice and taunting words. The Greeks
Heard him impatiently, with strong disgust
And vehement anger, yet he shouted still
To Agamemnon, and kept rolling on:-
"Of what does thou complain; what wouldst thou more."²

In the Middle Ages the spread of Christianity had done little to improve the treatment of the cripple. Early religious thought ascribed physical deformity to divine punishment for sin, or accepted it as an affliction to be endured, attitudes that persist today in backward communities. Those afflicted with physical deformity were considered targets for contempt, and ridicule was constantly heaped upon them. Very often they were obliged to satisfy the whims of their fellows by playing the part of jesters and fools.

¹McMurtrie, Douglas C. Primary Education of Crippled Children, p. 6.

²The Iliad, by Homer, Book II, Vol. I, 1870. p.p. 37 - 38.

Agamemnon himself. It is said that he perished at the hands
 of Achilles while he was returning the sorrow of that hero
 for the slain Penthesilea.

All others took their seats, and kept their places;
 Thetis only, clamorous of revenge,
 Left bawling. He, with many ineffectual words,
 Saw went to seek necessity with wings,
 Muttering what'er it seemed to him might move
 The Great to laughter. Of the multitude
 Who came to listen, none so base as he -
 Spine-eyed, with one lame foot, and on his back
 A lump, and shoulders curving towards the chest;
 His head was sharp, and o'er it the hairs
 Were thinly scattered. Hateful to the chief
 Achilles and Ulysses, he would oft
 Revile them. He to Agamemnon now
 Called with shrill voice and taunting words. The Greeks
 Heard him impatiently, with stern disgust
 And vehement anger, yet he shouted still
 To Agamemnon, and kept rolling on:-
 "O! what does thou complain; what wouldst thou more?"

In the Middle Ages the system of Christianity had
 some little to improve the treatment of the cripple. Early
 religious thought ascribed physical deformity to divine
 punishment for sin, or accepted it as an affliction to be
 endured; attitudes that persist today in backward communities.
 Those afflicted with physical deformity were considered targets
 for contempt, and ridicule was constantly heaped upon them.
 Very often they were obliged to satisfy the whims of their
 fellows by giving the part of jesters and fools.

The Blind, by Homer, Book II, Vol. I, 1870, p. 27 - 28.
 Translated, Douglas C. Primary Narration of Crippled Children,
 P. 2.

During those early ages cripples occupied the status of mendicants. Children were even mutilated to make them valuable as beggars, a practice dating back to the Romans. The exploitation of crippled children as mendicants roused St. Vincent de Paul to establish in 1634 the first haven for their protection, and one of the first institutions for child care.¹

With the ever growing feeling of social sentiment, and the growing consciousness of the responsibility of the community for its unfortunate members, the lot of the cripple began to improve. Although special classes for cripples were conducted in Munich as early as 1832, it was a long time after the care of the blind, the deaf and dumb, and the mentally defective had been provided that any considerable attention was devoted to the cripple.

From the early part of the nineteenth century, isolated cases have come to light of the admission of cripples to asylums and almshouses maintained by the religious.² Such cases merely protected the cripple against care and neglect. Not till many years later were the first efforts made to render cripples self-supporting and independent, and thus accomplish permanent results.

Bavaria³ must be given the credit of establishing the first institution for the care of cripples on the basis of education and physical development. The first attempt to

¹Encyclopedia of Social Science, p.p. 592 - 593.

²McMurtrie, Douglas C., Primary Education of Crippled Children, p. 7.

³Ibid, p.8.

During those early years crippled children occupied the status of pariahs. Children were even reluctant to make them valuable as beggars, a practice dating back to the Romans. The exploitation of crippled children as beggars ceased. The movement to help to establish in 1854 the first haven for their protection, and one of the first institutions for child care. With the ever growing feeling of social contempt, and the growing consciousness of the responsibility of the community for its unfortunate members, the lot of the cripples began to improve. Although special classes for cripples were conducted in London as early as 1832, it was a long time after the care of the blind, the deaf and dumb, and the mentally defective had been provided that any considerable attention was devoted to the cripples.

From the early part of the nineteenth century, isolated cases have come to light of the admission of cripples to academies and universities maintained by the religious. Such cases merely protected the cripples against care and neglect. Not till many years later were the first efforts made to render cripples self-supporting and independent, and thus acquire permanent results.

However, and as given the credit of establishing the first institution for the care of cripples on the basis of education and physical development. The first attempt to

Development of Social Science, p. 392 - 393.

Historical Foundations of Physical Education, p. 10.

educate crippled children in schools especially adapted to them was made in 1832 by Herr Kurz, a citizen of Munich.¹ He observed the very pitiful lot of the cripples in the common schools where they were often the jokes of the healthy children. He observed also the condition of cripples when, upon leaving school, they must choose an occupation. Then as now trades which required physical strength were closed to them. The fear that these poor unfortunates would bring bad luck prevented their being taken into homes where lighter employment might have been found for them, so that there was nothing left for them but to become an incumbrance or prey to society. Herr Kurz's plan suggested giving the crippled children a specially good education and opportunity to learn a trade with which they could earn a living in later life.

The Munich School² for cripples was a model for nearly all the later foundations which have been created in Germany during the last century. Pupils in this school receive not only instruction, but also food, clothing, and lodging. They are taken from the parental home and returned to the family only for a few months during the summer vacation. The institution was later taken over by the Bavarian authorities.

Although other parts of Germany as well as France, England, Switzerland, and Italy gradually introduced one or

¹Munroe, Paul, A Cyclopedia of Education, Vol. 2, p. 230.

²Ibid, p. 230.

about the crippled children in schools especially adapted to them
 was made in 1882 by Herr Kuntz, a physician of Munich. He
 observed the very slight lot of the crippled in the common
 schools where they were often the focus of the healthy
 children. He observed also the condition of cripples when
 upon leaving school, they must choose an occupation. Then as
 new studies which required physical strength were closed to them
 the fear that these poor unfortunate would bring bad luck
 prevented their being taken into homes where lighter employment
 might have been found for them, so that there was nothing left
 for them but to become an embarrassment or prey to society.
 Herr Kuntz's plan suggested giving the crippled children a
 specially good education and opportunity to learn a trade with
 which they could earn a living in later life.

The Munich school for cripples was a model for
 nearly all the later foundations which have been created in
 Germany during the last century. Unlike in this school
 receive not only instruction, but also food, clothing, and
 lodging. They are taken from the parental home and returned
 to the family only for a few months during the summer vacation.
 The institution was later taken over by the Bavarian author-
 ities.

Although other parts of Germany as well as France,
 England, Switzerland, and Italy gradually introduced one or
 more, Journal of Education, Vol. 2, p. 230.

more institutions for the care of cripples, the model school of Europe for crippled men, women, and children was founded in Copenhagen, Denmark, in 1872 by Pastor Hans Knudsen.¹ The aim in this industrial school was to fit the pupils to go out into the world and take positions that would render them self-supporting.

The Danish institution has five divisions, namely,

1. Workrooms.

- (a) Bandage, mold and corset making, forging and shoe making were taught, the articles made being for the use of the cripples.² Here were numbers of pupils without hands, wearing appliances which enable them to hold a tool, and steady the material worked upon.
 - (b) School of handicraft and manual work, consisting of wood carving, book binding, brush making, dress making, weaving, needle work, house keeping, cooking, and office work. The ages of the pupils varied from 14 to 26 years.³
- 2. Child's School, where the rudimentary branches were taught. Much emphasis was put on musical training.
 - 3. Clinics where patients are treated and bandages, wooden legs, special corsets, boots, etc., are supplied. The pupils in the workshops make these at the order of the surgeons in attendance, and of some former pupils who became teachers.
 - 4. A home where pupils from the country live during apprenticeship. The children make the furnishings of this home in the different workshops.
 - 5. Recreation home, at the seaside, for the most diseased patients accommodating 44 in 1909.⁴

¹McMurtrie, Douglas C., Primary Education of Crippled Children, p. 8.

²Munroe, Paul, A Cyclopedia of Education, Vol. 2, p. 230.

³Ibid, p. 230.

⁴Ibid, p.p. 230, 231.

new institution for the care of children, the model school of
 Europe for crippled men, women, and children was founded in
 Copenhagen, Denmark, in 1878 by Pastor Hans Christian. The aim
 in this industrial school was to fit the pupils to go out into
 the world and take positions that would reward them self-
 supporting.

The Danish institution had five divisions, namely,

1. Workshops.

- (a) Language, moral and general training, religious and
 those making were taught, the studies made
 being for the use of the pupils. There
 were classes of pupils without hands, wearing
 appliances which enable them to hold a tool,
 and steady the material worked upon.
- (b) School of handicraft and manual work, consist-
 ing of wood carving, book binding, brush
 making, glass cutting, weaving, needle work,
 paper sewing, bookbinding, and other work. The
 ages of the pupils varied from 12 to 25 years.

Child's school, where the rudimentary branches were
 taught. Much emphasis was put on mental training.

Children whose patients are treated and handicaps,
 wooden legs, special canes, braces, etc., were
 supplied. The pupils in the workshops make these
 at the order of the surgeons in attendance, and of
 some former pupils who became teachers.

A home where pupils from the country live during
 apprenticeship. The children make the furnishings
 of this home in the different workshops.

Recreation home, at the seaside, for the weak
 diseased patients accompanying in 1888.

Monastic, Hospital U., Primary Education of Crippled Children, p. 8.

Shannon, Paul, A. Principles of Education, Vol. 2, p. 200.

1915, p. 200.

1915, p. 200, 231.

Since 1872 institutions for the care of crippled children have been established in Sweden, Norway, Holland, Finland, Russia, France, Belgium, and Austria.¹

Sweden has no laws regulating the orthopaedic treatment, the industrial training, and social care of cripples; nevertheless, there are four voluntary associations devoted to their assistance, of which those at Stockholm, Gottenburg, and Helsingburg have established recognized institutions aided by the State. The three institutions have clinics, dispensaries, industrial schools, homes for pupils, evening schools, a residential school and an educational home for badly crippled children. They depend in part on the financial support of patients. Those who cannot pay for treatment are helped by the Poor Law.² Altogether the situation for the care of crippled children is one of great promise in Sweden, Denmark, and Norway.

In Holland³ the State has as yet made no laws to regulate treatment of cripples and has given no financial assistance to voluntary bodies interested in them. The Institutes for cripples are the Johanna Institute⁴ with 37 beds,

¹McMurtrie, Douglas C., Primary Education of Crippled Children, p. 8.

²Encyclopedia Britannica, 14th Edition, Vol. 6, p. 724.

³Ibid, p. 724.

⁴Ibid, p. 724.

Since 1875 institutions for the care of crippled

children have been established in Sweden, Norway, Holland,

Denmark, Russia, France, Belgium, and Austria.

Sweden has no laws regulating the orthopedic treat-

ment, the industrial training, and social care of cripples;

nevertheless, there are four voluntary associations devoted to

their assistance, of which those at Stockholm, Gothenburg, and

Helsingborg have established recognized institutions aided by

the State. The three institutions have clinics, dispensaries,

industrial schools, homes for pupils, evening schools, a

residential school and an educational home for badly crippled

children. They depend in part on the financial support of

private persons. Those who cannot pay for treatment are helped by

the Poor Law. Altogether the attention for the care of

crippled children is one of great promise in Sweden, Denmark,

and Norway.

In Holland the State has as yet made no laws to

regulate treatment of cripples and has given no financial

assistance to voluntary bodies interested in them. The

institutions for cripples are the John van der Meer with 27 beds

and the St. Elizabeth with 15 beds.

International Association of Cripple Children,
p. 2.

Orthopedic Institutions, 1st Edition, Vol. 5, p. 755.

1895, p. 754.

1895, p. 754.

the Arian Institute¹ with complete hospital dispensary, 17 beds and much land, the Wilhemina Hospital in Amsterdam² with an orthopaedic department and 16 beds, and the University of Leyden³ with a similar department and 3 beds. In addition there are five orthopaedic dispensaries and one school for cripples. Of the other countries maintaining schools for cripples Finland⁴ has four, Russia, two, and Belgium, one. France started early in the work, but she has made little progress lately because of the difficulty of the situation.

In spite of Austria-~~Prussia~~'s four institutions for the crippled and deformed, there is at present no central organization in Austria with the prevention of crippledom and the causes and cure of cripples as its aim. It was sincerely hoped that by the end of 1928 such an organization would be founded under the name of the "Austrian Central Council for the Care of Cripples." At present, the only assistance offered to the cripples by the State is through the Poor Law System.⁵

The city of Vienna has an orthopaedic hospital and an Institute for Cripple Welfare, and in the province of Steiermark there is an Institution for Cripples where training is given and employment provided.⁶

¹Encyclopedia Britannica, 14th Edition, Vol. 6, p. 724.

²Ibid, p. 724.

³Ibid, p. 724.

⁴McMurtrie, Douglas C., Primary Education of Crippled Children, p. 10.

⁵Encyclopedia Britannica, Vol. 6, p. 723.

⁶Ibid, p. 723.

The main Institute with complete hospital department, 17 beds and x-ray land, the Wilhelms Hospital in Amsterdam with an orthopaedic department and 16 beds, and the University of Leyden with a similar department and 3 beds. In addition there are five orthopaedic dispensaries and one school for cripples. Of the other countries maintaining schools for crippled children, we know, America, two, and Belgium, one. France started early in the work, but she has made little progress lately because of the difficulty of the situation. In spite of Austria-Hungary's long institutions for

the crippled and deformed, there is at present no central organization in Austria with the prevention of cripples and the cure and care of cripples as its aim. It was sincerely hoped that by the end of 1928 such an organization would be founded under the name of the "Austrian Central Council for the Care of Cripples." At present, the only assistance offered to the cripples by the State is through the Poor Law system.⁶

The city of Vienna has an orthopaedic hospital and an

Institute for Cripple Welfare, and in the province of Styria there is an institution for cripples where training is given and employment provided.⁷

Orthopaedic Dispensaries, 14th Edition, Vol. 5, p. 754.

Opitio, p. 754.

Opitio, p. 754.

⁶ Statistical Yearbook of the League of Nations, 1928, p. 30.

⁷ Orthopaedic Dispensaries, Vol. 5, p. 753.

Opitio, p. 754.

The former has made a progressive step in the schools for physically defective children, for it is conducted on the same lines as the schools for physically defective in England. This school has no facility for transport from homes to school, although free tickets on trains are provided for each child and attendant. In 1927 a Society ("First Austrian Society for Work for Cripples") was founded in Vienna by Herr Braun, who was himself a cripple. The aims of the Society are:

- (a) To foster in cripples the desire to escape from pauperism and become self-supporting and useful members of society.
- (b) To bring before the country the present position and needs of its cripples.

With a view to furthering this work a census was taken of all cripples in the country, and the Austrian Government was approached with the idea that:-

1. Education be made obligatory for crippled children.
2. In each province of Austria a committee be appointed consisting of a special medical authority for health, for cripples, an education authority, and a member of Herr Braun's association.
3. Adequate national cripple schools, homes, and training homes be erected to provide for the care, training, and employment of cripples.
4. Orthopaedic surgery be included in the ordinary medical examinations.¹

The Society has, since its inauguration, opened workshops for training in various crafts and trades from its headquarters in Vienna and has opened several independent branches.² The City of Vienna in recognition of the service

¹Encyclopedia Britannica, p. 724.

²Ibid, p. 724.

done for its crippled citizens has given both the accommodations for the workshops in Vienna and a small subsidy. Other support is raised from subscription and to a large extent from members of the Association.

For many years England has had excellent institutions for the care of cripples, which have done unusual work along certain lines. One interesting aspect is the increasing responsibility for the education of cripples through public authorities. A number of homes and several good trade schools are doing promising work.

In the United States most of the work for cripples has been concentrated around centers. Some of our native institutions are as fine as any in the world and are doing notable work. One phase of the work, which is practically unique, is State care. In three states efficient and modern institutions for cripples alone¹ have been started wholly by legislative initiative² and have been managed entirely under public auspices. The State Legislature of Minnesota established in 1897³ a hospital and home for crippled children, which is the **first** institution in the world started entirely by public

¹McMurtrie, Douglas C., Primary Education of Crippled Children, p. 10.

²Ibid, p. 12.

³McMurtrie, Douglas C., Care of Crippled Children in United States, p. 5.

initiative. The State of New York followed the example and established a State Hospital for the care of deformed children in 1900.¹ Massachusetts established in Canton a similar institution, namely, the Massachusetts Hospital School, in 1907.² Since that time several other states have taken some action in regard to the welfare of cripples.

In Boston, Massachusetts, the first private day school for crippled children was founded in 1893, through the efforts of Dr. Bradford³ and Dr. Thorndike⁴, who had become acquainted with schools for cripples in Europe. This school was started at the home of Dr. Thorndike, with eleven pupils and one teacher for primary and grammar studies. Later, a room was given in a church by the rector, Dr. Kidner⁵, and on October 3, 1904, a new model building was erected, the first of its kind in this country, if not in this world. Its equipment was complete in every way to meet the needs of the helpless and unfortunate child. This school early in its career aimed to pay pupils for their work in the industrial departments, and the printing room was the first to prove its earning capacity.⁶

¹McMurtrie, Douglas C., Care of Crippled Children in United States, p. 5.

²Ibid, p. 5.

³Munroe, Paul, Cyclopedia of Education, Vol. II, p. 233.

⁴Ibid, p. 233.

⁵Ibid, p. 233.

⁶Ibid, p.p. 233 - 234.

This description of the efforts made in different countries to better the conditions of crippled children shows that, for the most part, private agencies have preceded the state in establishing institutions for crippled children. There is a growing conviction that the state has no choice but to provide for the crippled child, and to give him a chance of leading an independent life. He must not be left to the exclusive care of philanthropy, tender though that be, for he is a future citizen, with all the rights which inhere in that relation.¹

¹McMurtrie, Douglas C., Care of Crippled Children in United States, p. 5.

CHAPTER II

SKETCH OF THE VARIOUS INSTITUTIONS

Introduction

The fact that the educational needs of most crippled children cannot be met satisfactorily in regular school classes has been recognized in recent years by the State. As a result special classes for cripples have been opened in public and private day schools as well as in many residential institutions. In Massachusetts residential schools include: The New England Peabody Home at Newton; The Massachusetts Industrial School for Crippled Children, Boston; The Massachusetts Hospital School, Canton; The Sol-e-mar at South Dartmouth; The Berkshire School for Crippled Children at Pittsfield; and The Shriners' Hospital at Springfield.

Some of the problems which must be solved in the education of crippled children arise from the fact that both curable and incurable are frequently taught in the same classes. A large number can be cured or so helped that in time they will be able to re-enter regular classes in the public schools. Many of the temporarily crippled find in the special classes a much needed opportunity to keep up with their school work insofar as their physical condition permits. There are also considerable numbers whose cure is impossible, or possible only after years of treatment. These children need a complete system of education, and a specified curriculum which will

develop such powers as they possess. The teacher, therefore, has to deal with some whose familiarity with public school routine gives them much the same point of view as normal pupils, and also with a large number who have never been able to attend a regular school or to associate freely with other children. Every teacher of crippled children needs to have an elementary knowledge of the different physical difficulties which have caused them to become crippled, and to know in the case of each individual child how long he has been in a handicapped condition, and to what degree his life has been different from that of the normal child prior to the time of his entering her class.

The future of the movement in behalf of crippled children is clearly indicated by what has already been done for the child's welfare. The usefulness of the work is always being demonstrated, not only as a means of abating a vast amount of cruel and needless human suffering, but also as an economic measure to preserve to the community a great number of useful and effective individuals who would otherwise become hopelessly dependent.

Emphasis, therefore, should be placed more and more, as the work for the crippled child progresses, on the fact that he, like any other child, is not an isolated case for surgical treatment, or a special problem educationally, but a human being. His development toward the standards of normal living is possible only if he is considered as a member of a family and part of the community as a whole.

The purpose of this chapter is to show how the Massachusetts institutions have come into existence, the nature of the work each is doing for crippled children, and the degree of success each has attained in meeting not only the problem of differentiated instruction but other problems peculiar to each institution.

New England Peabody Home

Most noble achievements have had their beginning in the individual effort of some good man or woman, whose life purpose has been to give help and strength to the suffering and weak of the world. Such is true of the New England Peabody Home.

About forty years ago, Mrs. Harriet N. Peabody¹, at that time superintendent of a children's infirmary in Boston, while on her round of work among the poor of the slums, had a very pitiful case of suffering brought to her attention. A badly frozen baby waif had been discovered on a doorstep. To insure even a chance of life amputation was necessary. With that tenacity of existence that is so often found among those least fitted for life's race, the child lived, mutilated, crippled. What was to be done with this child was Mrs. Peabody's problem.

Mrs. Peabody went from one charitable institution to another with the baby's story. She found that there was no institution where the needs of this child, or this class of children, could be provided for at the same time. This fact weighed so heavily upon her generous heart and busy mind that she at once began to turn her energies toward the first steps on the way to the establishment of an institution where deformed and crippled children of the poor could have surgical care, intelligent nursing, home life, and sufficient educational

¹Annual Report of New England Peabody Home for Crippled Children, 1902. p. 1.

How England Feels About

How noble achievements have had their beginning in the individual effort of some good man or woman, whose life purpose has been to give help and strength to the suffering and weak of the world. Such is the life of the New England people.

About forty years ago, Mrs. Harriet M. Beecher, at that time superintendent of a children's hospital in Boston, while on her rounds of work among the poor of the city, had a very pitiful case of suffering brought to her attention. A badly broken baby girl had been discovered on a doorstep. To insure even a chance of life amputation was necessary. With that certainty of existence that is so often found among those least fitted for life's race, the child lived, unharmed, and was so named. What was to be done with this child was Mrs. Beecher's problem.

Mrs. Beecher went from one charitable institution to another with the baby's story. She found that there was no institution where the needs of this child, or this class of children, could be provided for at the same time. This last weighed so heavily upon her generous heart and busy mind that she at once began to turn her energies toward the first step on the way to the establishment of an institution where orphaned and orphaned children of the poor could have spiritual, intelligent training, home life, and sufficient educational

training to enable them to become wage earners.

Many friends came forward to give aid and counsel, and in 1895¹ Mrs. Peabody's idea took concrete form in the opening in Weston of an institution bearing her name. The house in Weston in the midst of the most healthful country surroundings, with good-sized rooms with plenty of sunlight and fresh air, proved well adapted to its purpose of educating them normally, intellectually, and spiritually, and of training them in some industrial pursuit to render them self-supporting in after life. Later the home was moved to Wellesley. From Wellesley, the institution was moved to Hyde Park to a house purchased by the Board of Managers, Mrs. Harriet Peabody, Miss Julia Eastman, Mrs. George Green, and Mrs. John McCullam. When this house proved too small to meet the increasing demands of the home, a new and larger building became possible through the generosity of Mr. Robert Bleakie of Boston,² who gave to the institution a large tract of land in Hyde Park, adjoining the lot on which the present home stood.

The situation for the new house at Hyde Park, called in honor of the Honorary President, The Mary A. Livermore House³, was ideal in its setting. Tall pine trees from which the chatter of squirrels and twitter of birds could be heard

¹Annual Report of New England Peabody Home, 1902, p. 2.

²Ibid, p. 3.

³Ibid, p. 4.

scented the air with delicate fragrance. Mossy knolls and lichen-covered rocks offered an opportunity for the most charming object lessons in nature and opened a new world of beauty to the pale-faced crippled children, many of whom had passed their lives on beds of suffering within the walls of tenement homes.

As the years rolled by, it became evident to the directors of the home that if the Home were to meet adequately the problem of caring for the destitute crippled children who needed their help, even the house in Hyde Park which had once seemed so spacious, was not adequate. Epidemics of infantile paralysis had greatly increased the number of crippled children so that many had to be refused admission. Although there was room for only thirty children, the number was, at times, increased to over forty. It was obvious that the Home had definitely outgrown its quarters, but the means of necessary expansion were not available. Fortunately a generous bequest from the estate of Mr. Charles J. Wright of Boston¹ made possible a new and more modern Home.

The choice of location and the building of a new Home were naturally matters of considerable importance and required time and careful investigation. At last a site was found in Newton Center which seemed to answer every requirement. Here the new Home was built with every thought to provide every possible modern facility for the care and education of crippled

¹ Annual Report of New England Peabody Home, 1926-1927, p. 13 .

about the air with electric fans. - Every child and
 kitchen-covered room offered an opportunity for the use of
 painting object lessons in nature and opened a new world of
 beauty to the pale-faced orphaned children, many of whom had
 passed their lives on beds of suffering within the walls of
 tenement houses.

As the years rolled by, it became evident to the
 directors of the home that if the home were to meet adequately
 the problem of caring for the destitute orphaned children who
 needed their help, even the home in New York which had once
 seemed so spacious, was not adequate. Statistics of infantile
 paralysis had greatly increased the number of orphaned children
 so that many had to be returned to their homes. At first there was
 room for only thirty children, the number was at times
 increased to over forty. It was obvious that the home had
 definitely outgrown its quarters, but the means of necessary
 expansion were not available. Fortunately a generous bequest
 from the estate of Mr. Charles A. Smith of Boston made
 possible a new and more spacious home.

The choice of location and the building of a new home
 were carefully matters of considerable importance and required
 time and careful investigation. At last a site was found in
 Newton Center which seemed to answer every requirement. Here
 the new home was built with every thought to provide every
 possible modern facility for the care and education of orphaned

children. The building was finished in the spring of 1922, and in June the family of forty-five from the Hyde Park home moved into its new and comfortable quarters.

Oak Hill, the site of the present Home, was originally the private estate of the late Dr. Henry J. Bigelow¹, an eminent surgeon and Professor of Surgery in Harvard University. It consists of a tract of land over forty acres in extent, covering the entire top of the hill as well as the east, south, and southwest slopes to the main road. On the estate every kind of tree which can be grown in this climate had been planted by Dr. Bigelow, and as one roams through the grounds one is impressed by the great variety of growing things.

The broad glass-enclosed porches of the Home may be seen from the main highway and occasionally from the steep winding approach bordered with shrubs and fir trees. From the hilltop one looks over a wonderful panorama. The distant horizon is bounded by a low chain of beautiful hills, half concealed in misty haze, among which one may distinguish Great Blue with its observatory. In the foreground are the beautiful estate of Robert Gould Shaw² and the Charles River Country Club, near the river of that name.

The main building of the Home is a long curved structure facing east, south, and west, to secure the maximum of sunshine.

¹Annual Report of New England Peabody Home, 1926-1927, p. 13.

²Ibid, p. 13.

Broad porches extend the length of the building on which are rows of beds and frames where happy brown-skinned, rosy-cheeked youngsters receive heliotherapy¹ treatment.

On the ground floor are two schoolrooms, the primary room and the room for the older children. The type of school chair may be adjusted to suit the comfort of a child using braces and other types of apparatus. The other rooms on the ground floor are the cooking room and two playrooms.

The second floor is reached by an incline easily ascended by children with crutches and braces. On this floor are two airy well-lighted wards, one for boys and one for girls, both opening on the sunny porch. Connected with each ward is a pleasant and cheerful playroom with a fireplace, books, and toys. On this floor are the reception room, the offices, the modern X-ray room recently equipped, and the isolation rooms, bath rooms, and linen rooms.

On the third floor are found a modern operating suite, two recovery rooms, the dental room, and laboratory. Here, too, are the comfortable apartments of the superintendent, the nurses, and the resident surgeons. On the fourth floor are the rooms of the attendants.

The annex, a new building, was made possible in part by the gift of Mayor M. J. Connelley², in memory of his father,

¹Annual Report of New England Peabody Home, 1926-1927, p. 15.

²Ibid, p. 15.

Patrick Connelly. This annex¹ connected with the main building by a glass-enclosed porch is composed of one large room for assembly and recreation purposes. In the basement is the well-equipped sloyd room, a first class laundry, boiler room, and store room.

There are two other buildings on the estate. At the top of the hill is the old Bigelow house now used by people who labor on the farm and grounds, and on the main road is a delightful old-fashioned house which has been attractively furnished to be used as the Peabody Home Tea Room² and Gift Shop³. It has become a source of revenue as well as a means of bringing the Home to the attention of the public⁴.

With the present accommodations, only a few more than the present numbers, one hundred ten, can be cared for. With the support of the generous public, it is hoped that new buildings may rise on Oak Hill in which other children may find home and health. "The New England Peabody Home has always been a growing affair, and as long as there are crippled children uncared for, its ideal is unrealized and it hopes to grow to meet their needs."⁵

¹Annual Report of New England Peabody Home, 1926-1927, p. 15.

²Ibid, p. 15.

³Ibid, p. 15.

⁴Ibid, p. 15.

⁵Ibid, p. 15.

... This ... with the ...
... by a glass-enclosed porch as suggested by one of the ...
... and ... In the basement is the well-
... room, a first class laundry, boiler room, and
... room.

There are two other buildings on the estate. At the
top of the hill is the old Highlow House now used by people who
labor on the farm and grounds, and on the main road is a
delightful old-fashioned house which has been admirably
furnished to be used as the school house for boys and girls.
It has been a source of revenue as well as a means
of bringing the home to the attention of the public.

With the present accommodations, only a few more than
the present number, can be cared for. With
the support of the generous public, it is hoped that new build-
ings may rise on Oak Hill in which other children may find home
and health. The New England Society House has always been a
growing estate, and as long as there are orphaned children
increased for, the ideal is maintained and it hopes to grow to
meet their needs.

Annual Report of New England Society House, 1922-1923, p. 15.

Table, p. 15.
Table, p. 15.
Table, p. 15.
Table, p. 15.

The regulations for admission to the Home are as follows: Crippled children, classified as orthopedic cases, may be admitted up to and including twelve years of age. No child is received who is an imbecile, epileptic, or has pulmonary tuberculosis or any contagious disease. Generally speaking, no child is admitted until he has been examined by a surgeon on service, and his home visited by the superintendent. Such precautions give first openings to children for whom treatment or schooling, or both, are not obtainable at home. The Home is non-sectarian in character, and no child will be refused on account of color, creed, or nationality. It is supported by voluntary contributions.

The careful medical supervision of the patients has assumed greater proportions as a result of the continued growth of the Home, and because of the nature of the ailments affecting children admitted for treatment. In order to have the best corrective results in the treatment of deformities, it is very essential that special direction of the general health of the patients as well as the prevention of contagious diseases be secured. The fact that patients are now received younger in years than formerly makes their care more difficult and the problems arising more troublesome and varied. To keep the children well and to improve the general conditions, the Home provides proper diet, and a normal amount of physical and mental activity. The study of the height and weight charts that are kept from month to month show plainly that very few of the

The population for admission to the Home are as follows: Orphaned children, classified as orphaned cases, may be admitted up to and including twelve years of age. No child is received who is an idiotic, epileptic, or has pulmonary tuberculosis or any contagious disease. Generally speaking, no child is admitted until he has been examined by a surgeon on service, and his home visited by the superintendent. Such admissions give first opening to children for whom treatment or schooling, or both, are not obtainable at home. The Home is non-sectarian in character, and no child will be refused on account of color, creed, or nationality. It is supported by voluntary contributions.

The careful medical supervision of the patients has secured greater proportions as a result of the continued growth of the Home, and because of the nature of the ailments affecting children admitted for treatment. In order to have the best corrective results in the treatment of deformities, it is very essential that special attention of the general health of the patients as well as the prevention of contagious diseases be secured. The fact that patients are now received younger in years than formerly makes their care more difficult and the problems attending more troublesome and varied. To keep the children well and to improve the general condition, the Home provides proper diet, and a normal amount of physical and mental activity. The study of the height and weight charts that are kept from month to month show plainly that very few of the

children fall in the class called "undernourished". In 1926¹ only 13% were below the average weight and height given for normal children. This fact shows the favorable manner in which their schooling, recreation, and diet are regulated and supervised.

In the field of preventive medicine the children have had the advantage of the most modern facilities available to combat such diseases as diphtheria, smallpox, and scarlet fever. All the children in the home have been vaccinated against smallpox, and those found to be susceptible have been actively immunized against diphtheria and scarlet fever. Theoretically at least, all are at the present time immune to these severe maladies. The fact that during the past two years there have not been any cases of scarlet fever or diphtheria in the Home proves the practical benefit derived in taking steps to prevent these now controllable diseases.

By the prompt use of strict quarantine regulations during an epidemic of measles and the giving of measles convalescent serum to those children who had never had the measles and were thus not immune, one-half of the children susceptible to measles did not catch the disease. The course of the disease was greatly modified, and no complications developed in those children affected.

¹Annual Report of New England Pea body Home, 1926-1927, p. 29.

The installing of an excellent new X-ray equipment in 1932¹ has been a valuable addition to the Home. The X-ray equipment includes the Snook Junior General Electric X-ray machine with a hundred milliamperere Muller tube, an automatic plate changer, and stereoscopic machine². At least twelve hundred X-rays were taken during the year 1932. The cabinet with eight blue glass view boxes is a great help in the reading of the films.

The institution of the physiotherapy department³ has been a most valuable asset to the work in the Peabody Home. Physiotherapy is not only valuable for the infantile and arthritic patients, but also in convalescent cases of bone tuberculosis, especially after the disease has healed. Reconstruction work going on in bone tuberculosis goes hand in hand with the development of the muscles of those who have been on frames, in shells, and in plasters, for ever so long a period of time⁴. During the past year about seventy-five per cent of the patients in the home have received physiotherapy, making a total of over five thousand treatments.

¹Annual Report of New England Peabody Home, 1932-1933, p. 14.

²Ibid, p. 14.

³Ibid, p. 8.

⁴Ibid, p. 8.

The Ophthalmologist report shows that during the year two visits are made for the general check-up of the eyes of the children, one in July and one in February¹. At these visits all new cases are examined as well as any old cases of children wearing glasses or having any ocular complaint. The visual acuity² is recorded and the eyes examined externally and internally. Any patient having a visual acuity of less than 20/40 in either eye is given a subsequent test under a mydriatic. Dr. E. B. Dunphy, a visiting surgeon reported that in 1932 a total of twenty-six children were examined and of these, seven were retested.³ No serious conditions were found.

The report of the Department of Oto-Laryngology⁴ relates that the activities of the Ear, Nose, and Throat Department have been extremely limited because of the absence of ear, nose, and throat complications. A unique clinical observation is the atrophy of lymphoid tissue in these children after they have become patients at the Home.⁵ With the good hygienic surroundings, proper diet, regular hours, and systematic supervision, the hypertrophied tonsils shrivel and the adenoid

¹Annual Report of New England Peabody Home, 1932-1933, p. 12.

²Ibid, p. 12.

³Ibid, p. 12.

⁴Ibid, p. 12.

⁵Ibid, p. 12.

The ophthalmologist report shows that during the year two visits were made for the general check-up of the eyes of the children, one in July and one in February. At these visits all new cases are examined as well as any old cases of children wearing glasses or having any other complaint. The visual acuity is recorded and the eyes examined externally and internally. Any patient having a visual acuity of less than 20/40 is either given a subsequent test under a cycloplegic. Dr. E. B. Dugan, a visiting surgeon reported that in 1933 a total of twenty-six children were examined and of these, seven were referred. No serious conditions were found.

The report of the Department of Otolaryngology states that the activities of the Ear, Nose, and Throat Department have been extremely limited because of the absence of an, nose, and throat consultants. A single clinical observation in the study of lymphoid tissue in these children after they have become patients at the Home. With the good hygienic surroundings, proper diet, regular hours, and systematic supervision, the hypertrophic tonsils shrink and the adenoids

Annual Report of New England Freebody Home, 1932-1933, p. 12.
 1932, p. 12.
 1931, p. 12.
 1930, p. 12.
 1929, p. 12.

tissue disappears. The longer the patients stay at the Peabody Home, the less is the necessity for tonsil and adenoid operations.

The Dental Department has done very efficient work for the children. During the year 1933 the total number of examinations and prophylaxes treatments numbered 535 as against 551 the year before.¹ Two cases were especially studied, which presented peculiar dental problems from the standpoint of growth and development of masticating efficiency. A desirable expansion of the health service would be a study of the occlusion and masticating efficiency of the children of the Home.

Much of the success of the medical work is attributed to the fact that no child is taken for less than two years. Many remain longer. Thus each case receives thorough study, understanding, and treatment.

Hand in hand with the physical goes the mental improvement of the child. The educational aim is "a modern school which would radiate a creative atmosphere, and meet the individual needs of these children who come to the Home entirely lacking in the experiences and opportunities of every day life."² The teachers treat the children as though they were physically normal, make them happy through acquaintance with the wonders of the world, and lead them to the greater joy of accomplishment.

¹Annual Report New England Peabody Home, 1932-1933, p. 13.

²Ibid, 1926-1927, p. 43.

The teaching staff consists of the equivalent of four full-time teachers. The principal teaches the older children, about thirty in number. A trained primary teacher cares for a group of thirty, and a trained kindergartner teaches about fifteen kindergarten children in the morning, and has playground and other various activities in the afternoon. A girl who grew up in the Home acts as full-time assistant, and a teacher of basketry, cooking, and woodwork gives half-time service.¹ Valuable assistance is obtained from student teachers from the Massachusetts School of Art², the Perry Kindergarten Normal School³, and Framingham Teachers College⁴. Volunteer service three mornings a week⁵ was given one year by a woman who had studied at Columbia, and two afternoons each week by a delegation from the Newton Center Woman's Club.

So many teachers may seem a large number for less than forty pupils, but much individual help is needed, the groups being small. These very handicapped children seem patient and thoughtful, and with these tendencies developed they may in later life have the leisure to become contributors to some inventive and creative work. For this reason a great deal of

¹Annual Report New England Peabody Home, 1926-1927, p. 43.

²Ibid, p. 43.

³Ibid, p. 43.

⁴Ibid, p. 43.

⁵Ibid, p. 43.

The teaching staff consists of the equivalent of four full-time teachers. The principal teaches the first thirteen, about thirty in number. A fourth primary teacher covers for a week or thirty, and a fifth kindergarten teacher covers about fifteen kindergarten children in the morning, and the day-
around and other various activities in the afternoon. A girl who grew up in the home acts as full-time assistant, and a teacher of history, science, and woodwork gives half-time service. Valuable assistance is obtained from students themselves from the Intermediate School at Apt., the City Kindergarten School, and Washington Teachers College. Volunteer service three mornings a week was given one part by a woman who had studied at Columbia, and two afternoons each week by a delegation from the Newton Center Women's Club. So many teachers are under a large number for less than forty pupils, but much individual help is needed, the groups being small. These very handicapped children need patient and thoughtful, and with these tendencies developed they may in later life have the chance to become contributing to some inventive and creative work. For this reason a great deal of

Report Report New England Society, Nov. 1933-1934, p. 23.

1934, p. 23.

1934, p. 23.

1934, p. 23.

1934, p. 23.

handwork is arranged for, and freedom of expression, both oral and written, is stressed. It is essential to find the individual's talent and develop it along some definite line.

The relationship between pupil and teacher, and pupil and pupil in the classroom is indeed friendly. Little confidences are frankly told. The lesson is treated as an investigation to which all contribute something of their findings. The attention of one child may be attracted by another, or the children may compare notes. In such an atmosphere nerve strain and strict discipline on the part of the teacher are almost, if not quite, eliminated. School is the joyous event of the day.

Arithmetic is taught by the individual progress method, the older pupils being given answer books, which they use very intelligently. If the child does not understand the problem, he asks for help of another pupil or the teacher. Never do they cheat or copy, there being no object, but often do they rejoice and remark on the skill or success of another pupil. Tests are often given on the back work, at the end of certain required sections. Speed tests are given from time to time, but the competition is with the child's own record.

Children are never forced into doing that which is usually a pleasure, for fear the remembrance of joy in the lesson may be taken away. Geography or English may seem especially enjoyable one day, and so the teacher, with no specific time assignments can spend more time on one of these subjects. Thus she follows Professor James' advice, "Seize

handwork is arranged for, and freedom of expression, both oral and written, is stressed. It is essential to find the individual's talent and develop it along some definite line.

The relationship between pupil and teacher, and pupil and pupil in the classroom is indeed friendly. Little competition is freely told. The lesson is treated as an investigation to which all contribute something of their thinking.

The attention of one child may be attracted by another, or the children may compare notes. In such an atmosphere there is no and strict discipline on the part of the teacher and almost, if not quite, eliminated. School is the joyous event of the day.

Artistic is taught by the individual progress method, the other pupils being given answer books, which they use very intelligently. If the child does not understand the problem, he asks for help of another pupil or the teacher. Never do they cheat or copy, there being no object, but often as they rejoice and remain on the skill or success of another pupil. Tests are often given on the back wall, at the end of certain required periods. Speed tests are given from time to time, but the competition is with the child's own record.

Children are never forced into doing that which is normally a pleasure, for fear the remembrance of joy in the lesson may be taken away. Geography or English may mean especially enjoyable one day, and so the teacher, with no specific time assignments can spend more time on one of these subjects. Thus the following Professor James' advice, "Choose

the wave of a pupil's interest"¹, and Professor Kilpatrick's idea that thinking through relationships will take care of the language.² The boys and girls talk readily on current topics of the day, take pleasure in writing original poems, and write large numbers of letters of varying character. To illustrate or form a background for the lessons taught, the children who are able are often taken to visit places of interest. Incidences of every day occurrence to children living in their own homes must be brought to these children who are living in an institution, so that they may be ready to take up their lives in the world when they are capable and physically fit.

Included in the personnel of the institution are nurse attendants for whose training the school holds itself responsible. The training given the student attendants is of necessity chiefly orthopedic. They are taught the general care of children both as bed patients and ambulatory patients; the care, use, and application of splints, braces, and other apparatus; and common practical nursing procedures. The teaching program includes both class room lectures and demonstrations, and practical work on the wards under the supervision of graduate nurses. Thus the school is serving a double purpose of caring for sick, crippled children and training young women to be self-supporting.

¹Annual Report New England Peabody Home, 1926-1927, p. 45.

²Ibid, p. 45.

the wave of a pupil's interest, and Professor Kilgus's
idea that thinking through relationships will take care of the
language. The boys and girls take readily on current topics
of the day, take pleasure in writing original poems, and write
large numbers of letters of varying character. To illustrate
or form a background for the lessons taught, the children who
are able are often taken to visit places of interest.
Incidence of every day occurrence to children living in their
own homes must be brought to these children who are living in
an institution, so that they may be ready to turn up their lives
in the world when they are capable and physically fit.
Included in the personnel of the institution are nurses
attendants for whose training the school holds itself responsible.
The training given the student attendants is of necessity
chiefly practical. They are taught the general care of
children both as bed patients and ambulatory patients; the care,
use, and application of splints, braces, and other appliances;
and common practical nursing procedures. The teaching program
includes both class room lectures and demonstrations, and
practical work on the wards under the supervision of graduate
nurses. Thus the school is serving a double purpose of caring
for sick, crippled children and training young women to be self-
sustaining.

Also included in the personnel is the Visiting Staff of the Home consisting of specialists in orthopedic surgery, medicine, and surgery, as well as in Oto-Laryngology, Roentgenology, Ophthalmology, and Dentistry.¹ The members of the Staff give very generously of their time and skill. The monthly staff visits, instituted several years ago, and attended by the entire staff, and by many visiting surgeons from other hospitals have been a great source of interest throughout the various years. The policy of the Staff has always been to make the Home self-contained insofar as possible. Necessary surgical operations have been performed in the institution itself. The procedure has been most helpful to the general morale of the patients, nurses, and attendants, and on the whole, very satisfactory. The nursing, the medical, the surgical, and the physiotherapeutic care of the patients at the Home is on a very high standard. Staff ward rounds are made once a month when many visitors are present. The visiting Staff of busy men is to be recommended for their devotion to duty and for their unremitting care of these children.

No better proof can be found of the efficiency of the staff than the record of its graduates. From high schools which four² of the children, physically benefited by treatment at the Home, entered last year, letters have been received at

¹Annual Report New England Peabody Home, 1932-1933, p. 4.

²Ibid, 1926-1927, p. 35.

Also included in the personnel is the visiting staff

of the Home consisting of specialists in orthopedic surgery,

pediatrics, and surgery, as well as in Otolaryngology,

Neurology, Ophthalmology, and Dentistry. The members of

the staff have very generously of their time and skill. The

monthly staff visits, instituted several years ago, and attended

by the entire staff, and by many visiting surgeons from other

hospitals have been a great source of interest throughout the

various years. The policy of the staff has always been to

also the Home self-contained insofar as possible. Necessary

medical operations have been performed in the institution

itself. The procedure has been most helpful to the general

knowledge of the patients, nurses, and attendants, and on the whole

very satisfactory. The nursing, the medical, the surgical, and

the physiotherapeutic care of the patients at the Home is on a

very high standard. Staff ward rounds are made once a month

when many visitors are present. The visiting staff of busy

men is to be recommended for their devotion to duty and for

their untiring care of these children.

No better proof can be found of the efficiency of the

staff than the record of its graduates. Through schools

which many of the children, physically benefited by treatment

at the Home, entered last year, fathers have been received at

the Home telling of their regular attendance and the high standing of these pupils in their classes. A girl discharged several years ago is preparing to teach, though she still has to wear braces and use crutches. One of the graduates is at present taking a course at a nurses training school. Of the twenty-eight graduates of the Home training school for nurses four care for private patients; thirteen are employed in institutional positions; six, here where they took their training; five, at a convalescent home in New York State; one, in Illinois; and one in Florida.¹

The present problems of the Home are those that all charitable organizations entirely dependent on public support have had to face since the depression. The task to which the officers are giving their constant attention is threefold: namely, to collect money for the work, to find new ways of reducing current expenses, and still to give the children the care and comfort needed. Dividends on the investments of the money bequeathed the Home have materially diminished, and contributions have been greatly curtailed. Because the number of employees has had to be reduced, the number of children cared for has been somewhat lower than in former years, but the quality of the care the patients have received has in no way deteriorated.

¹Annual Report New England Peabody Home, 1926-1927, p. 49.

The Home failing to their regular attendance and the high attend-

ing of these pupils in their classes. A girl dismissed
 several years ago is preparing to teach, though she still has
 to work dress and not statistics. One of the graduates is at
 present taking a course at a nurses training school. At the
 twenty-eight graduates of the Home training school for nurses
 four have for private patients; thirteen are employed in
 institutional positions; six, here where they took their train-
 ing; five, at a convalescent home in New York State; one, in
 Illinois; and one in Florida.

The present problems of the Home are those that all
 charitable organizations entirely dependent on public support
 have had to face since the depression. The fact is which the
 officers are giving their constant attention is that they
 namely, to collect money for the work, to find new ways of
 reducing current expenses, and still to give the children the
 care and comfort needed. Dividends on the investments of the
 money deposited in the Home have materially diminished, and
 contributions have been greatly curtailed. Because the number
 of expenses has had to be reduced, the number of children
 cared for has been somewhat lower than in former years, but the
 quality of the care the patients have received has in no way

degraded.

Since the depression, no new buildings have been erected or extensive improvements made in the plant as a whole, but the necessary repairs and improvements have been kept up. Further repairs must be made in the very near future to keep the buildings in good condition. In addition, the establishment of adequate quarters for quarantine is needed, so that the work of the nursing staff will be made less difficult, when such cases arise. New rooms for social and school work, and a special ward or floor for the smaller children are also needed. It is hoped that donors will not be lacking to continue this work of an institution so well established and so valuable to crippled children.

Since the discussion, no new buildings have been erected or extensive improvements made in the plant as a whole, but the necessary repairs and improvements have been kept up. Further repairs must be made in the very near future to keep the buildings in good condition. In addition, the establishment of adequate quarters for quarantine is needed, so that the work of the nursing staff will be made less difficult, when such cases arise. New rooms for social and school work, and a special ward or floor for the smaller children are also needed. It is hoped that donors will not be lacking to continue this work of an institution so well established and so valuable to orphaned children.

Massachusetts Industrial School
For Crippled and Deformed Children

The first so-called school to be organized in Massachusetts for crippled children was the Massachusetts Industrial School for Crippled and Deformed Children. For the original conception of the Industrial School the public is indebted to Dr. Thorndike, an orthopedic surgeon in Boston.¹ He discovered that many children who were in the out-patient department of the Children's Hospital in Boston² could not go to school. The question arose as to how they could meet this difficulty.

In 1892 a Norwegian by the name of Fleischer,³ told Dr. Thorndike⁴ of the work being done by handicapped children in Christiana.⁵ Learning of schools in Munich⁶, Copenhagen⁷, and Stockholm⁸, Dr. Thorndike thought that such a school might be started in Boston for children of the out-patient department of the Children's Hospital. At his request Dr. E.H. Bradford, a noted Boston surgeon, went to visit schools in Munich. On his return the two doctors began serious plans for opening a school. In spite of great difficulty in getting a start, they

¹Address by Dr. Edward H. Bradford, 1926, p. 3.

²Ibid, p. 3.

³Ibid, p. 3.

⁴Ibid, p. 3.

⁵Ibid, p. 3.

⁶Ibid, p. 3.

⁷Ibid, p. 3.

⁸Ibid, p. 3.

Massachusetts Industrial School
for Boys and Girls

The first so-called school to be organized in Mass-

achusetts for troubled children was the Massachusetts Industrial

School for Boys and Girls in Boston. For the original

conception of the Industrial School the public is indebted to

Mr. Thorndike, an orthopedic surgeon in Boston. He discovered

so that many children who were in the out-patient department of

the Children's Hospital in Boston could not go to school.

The question arose as to how they could meet this difficulty.

In 1882 a suggestion by the name of "Industrial" was

made by Mr. Thorndike at the time when he was visiting children in

Christianity. Learning of schools in London, Copenhagen,

and Stockholm, Mr. Thorndike thought that such a school might

be started in Boston for children of the out-patient department

of the Children's Hospital. At his request Dr. W. H. Bradford,

a noted Boston surgeon, went to visit schools in London. On

his return the two doctors began serious plans for opening a

school. In spite of great difficulty in getting a start, they

Address by Dr. Edward H. Bradford, 1882, p. 2.

1882, p. 2.

1882, p. 2.

1882, p. 2.

1882, p. 2.

1882, p. 2.

1882, p. 2.

1882, p. 2.

1882, p. 2.

secured in 1893¹ the use of a parish room in St. Andrew's Church on Chambers Street, Boston², and engaged the service of Miss Perry³ to direct the School for Crippled Children.

The school, begun in this small way, went from Chambers Street to Turner Street and then to Newbury Street. By arousing for the school the interest of a Mr. Cotting⁴ who from childhood had suffered from a severe case of disease of the spine, the leaders acted far more wisely than they knew. As President of the Board, Mr. Cotting made the school his life work. In a comparatively short time his energy brought money to the school without solicitation, and in the course of twenty years, a substantial endowment fund was raised through gifts and money left by will and in trust. In 1904 a new model building was erected on St. Botolph Street, Boston.

The secret of the success of the school is due in part to the fact that the Industrial School for Crippled and Deformed Children is the first school of its kind in this country.⁵ It is a free charitable school, whose purpose is to promote the education and special training of crippled and deformed children of Boston⁶ and in the immediate vicinity who, on account of their disabilities, cannot attend public school.

¹Address by Dr. Edward H. Bradford, 1926, p. 3.

²Ibid, p. 4.

³Ibid, p. 4.

⁴Ibid, p. 4.

⁵Ibid, p. 5.

⁶Annual Report Industrial School for Crippled and Deformed Children, 1934, p. 4.

occurred in 1875, the case of a girl from St. Andrew's
 Church on Church Street, Boston, and engaged the services of
 Miss Perry to direct the School for Crippled Children.
 The school, begun in this small way, went from
 Church Street to Turner Street and then to Newbury Street.
 By securing for the school the interest of a Mr. Cutting,
 who from childhood had suffered from a severe case of disease
 of the spine, the leaders acted far more wisely than they knew.
 As President of the Board, Mr. Cutting made the school his life
 work. In a comparatively short time his energy brought money
 to the school without solicitation, and in the course of twenty
 years, a substantial endowment fund was raised through gifts
 and money left by will and in trust. In 1904 a new model
 building was erected on St. Botolph Street, Boston.
 The secret of the success of the school is due in
 part to the fact that the Industrial School for Crippled and
 Deformed Children is the first school of its kind in this
 country. It is a free charitable school, whose purpose is to
 promote the education and special training of crippled and
 deformed children of Boston and in the immediate vicinity who,
 on account of their disabilities, cannot attend public schools.

Address by Mr. Edward H. Bradford, 1928, p. 8.

- 2101, p. 4.
- 2102, p. 4.
- 2103, p. 4.
- 2104, p. 4.

Industrial School for Crippled and Deformed

The aim of the special training is to make cripples self-supporting. The care which is given to the young children during the years of getting an educational foundation and also the preparation of the older group for lives of usefulness are the two main objectives for which the Industrial School was founded. Children who are below par mentally are not accepted.

The treatment of physical ailments of the pupils is under supervision of a competent medical staff and nurses. Disabilities which have been treated at the School are Infantile Paralysis, Osteomyelitis, Tubercular Joints, Congenital Club Foot, Fractured Cervical Vertebra, and Hemophilia.¹ Whenever necessary, the children are referred to different clinics and doctors for further treatment. The department of physical therapy² has carried out treatment recommended by the various hospital clinics and doctors; excellent assistance has been received from Miss Merrill's students in the physiotherapy at the Children's Hospital³, as well as students from Posse Nissen School.⁴ Some of the most striking results in the department are seen in those cases of spastic paralysis who have had constant and regular training in coordination

¹Annual Report Industrial School, 1934, p. 13.

²Ibid, p. 10.

³Ibid, p. 10.

⁴Ibid, p. 10.

The aim of the special training is to make children self-
 supporting. The care which is given to the young children
 during the years of getting an educational foundation and also
 the preparation of the older group for lives of usefulness are
 the two main objectives for which the Industrial School was
 founded. Children who are below par mentally are not accepted.
 The treatment of physical ailments of the pupils is
 under supervision of a competent medical staff and nurses.
 Disabilities which have been treated at the School are
 Infantile Paralysis, Osteomyelitis, Tubercular Joints, Congestive
 tal Club Foot, Fractured Cervical Vertebrae, and Hemophilia.
 Whenever necessary, the children are referred to different
 clinics and doctors for further treatment. The department of
 physical therapy² has carried out treatment recommended by the
 various hospital clinics and doctors; excellent assistance has
 been received from Miss Merrill's students in the physiotherapy
 at the Children's Hospital³, as well as students from Boston
 Mission School.⁴ Some of the most striking results in the
 department are seen in those cases of spastic paralysis who
 have had constant and regular training in coordination

¹ Annual Report Industrial School, 1934, p. 12.

² Ibid., p. 10.

³ Ibid., p. 10.

⁴ Ibid., p. 10.

exercises throughout the year. This has been very true in cases that have been operated on to relieve contracture deformities, followed by this type of training. It has made a difference between a wheel-chair existence, and an ambulatory one in several of these cases.¹

The education of these crippled children for the academic work has progressed in the normal way and compares favorably with that of the public school. The standard of scholarship has been maintained at a high level, because of the thorough and careful work of the teachers. The achievement tests, too, show that the work compared most favorably with that of normal children today. Elementary classes are carried on in sewing, printing, woodworking, book binding, and cooking. These are prevocational in character and serve to determine the special interests and ability of the pupils. In the regular grammar school subjects, training is offered as outlined by the Boston Public Schools. The vocational departments for advanced training, in which the pupil learns by doing, use methods and technique of instruction necessary to produce articles of high standards of workmanship. The success of those trained in these departments who are now employed in business positions is an indication of the effectiveness of the methods. Courses in printing, linotype operating, bookbinding,

¹Annual Report Industrial School, 1934, p. 10 .

exercises throughout the year. This has been very true in cases that have been reported on to believe constructive exercises, followed by this type of training. It has made a difference between a wholehearted attitude, and an obligatory one in several of these cases.

The situation of these original children for the academic work has been discussed in the normal way and compared favorably with that of the public school. The standard of cooperation has been maintained at a high level, because of the thorough and careful work of the teachers. The achievement tests, too, show that the work compared most favorably with that of normal children today. Elementary classes are carried on in sewing, knitting, woodworking, book binding, and cooking. There are vocational subjects in chemistry and serve to determine the special interests and ability of the pupils. In the regular grammar school subjects, training is offered as outlined by the Boston Public Schools. The vocational departments for advanced training, in which the pupils learn by doing, use methods and techniques of instruction necessary to produce articles of high standards of workmanship. The success of those trained in these departments who are now employed in business positions is an indication of the effectiveness of the methods. Courses in printing, linotype operating, bookbinding,

typewriting, office practice, stenography, woodworking, cabinet making, sewing, linen embroidery, cane seating, cobbling, and cooking are installed on a large basis.¹

The personnel of the Industrial School includes a Board of Medical Advisers and Consultants with Dr. Augustus Thorndike² as Chairman, and Dr. James W. Seaver³, Secretary and Medical Director. Dr. Seaver, who visits the School twice a week at least, and sometimes more often, keeps in touch with any urgent medical or surgical problems that are likely to arise. The Ophthalmologist, Dr. William Park Beetham, maintains a high standard of work in his department.

The achievement of the School in the last seven years is encouraging. The School has effectively trained twenty-five handicapped young people who are now engaged in the following occupations:⁴

Printing	8
Linotype Operating	5
Book Binding	1
Cobbling and Brace Work	1
Office Work	6
Copy Holding	1
Teacher of Wood Working	1
Linen Embroidery	2

In June, 1934, a class of eleven were prepared to enter some trade, or to take up further studies in the preparation of some particular vocation.⁵

¹Annual Report of Industrial School, 1934, p. 19.

²Ibid, p. 5.

³Ibid, p. 12.

⁴Ibid, p. 19.

⁵Ibid, p. 9.

typewriting, office practice, stenography, bookbinding, cabinet making, sewing, linen embroidery, case casting, etching, and bookbinding are installed in a large hall.

The personnel of the Industrial School includes a Board of Medical Advisors and Consultants with Dr. Augustus Thorneley as Chairman, and Dr. James H. Gerver, Secretary and Medical Director. Dr. Gerver, who visits the School twice a week at least, and sometimes more often, keeps in touch with any urgent medical or surgical problems that are likely to arise. The Ophthalmologist, Dr. William Kent, has maintained a high standard of work in his department.

The achievement of the School in the last seven years is encouraging. The School has effectively trained twenty-five handicapped young people who are now engaged in the following occupations:

Printing	2
Linotype Operating	3
Book Binding	1
Bookbinding and Glass Work	1
Office Work	3
Copy Binding	1
Teacher of Wood Working	1
Linen Embroidery	2

In June, 1934, a class of eleven were prepared to enter some trade, or to take up further studies in the preparation of some particular vocation.

***	***	***
Table 1	Table 2	Table 3
Table 4	Table 5	Table 6
Table 7	Table 8	Table 9
Table 10	Table 11	Table 12
Table 13	Table 14	Table 15
Table 16	Table 17	Table 18
Table 19	Table 20	Table 21
Table 22	Table 23	Table 24
Table 25	Table 26	Table 27
Table 28	Table 29	Table 30
Table 31	Table 32	Table 33
Table 34	Table 35	Table 36
Table 37	Table 38	Table 39
Table 40	Table 41	Table 42
Table 43	Table 44	Table 45
Table 46	Table 47	Table 48
Table 49	Table 50	Table 51
Table 52	Table 53	Table 54
Table 55	Table 56	Table 57
Table 58	Table 59	Table 60
Table 61	Table 62	Table 63
Table 64	Table 65	Table 66
Table 67	Table 68	Table 69
Table 70	Table 71	Table 72
Table 73	Table 74	Table 75
Table 76	Table 77	Table 78
Table 79	Table 80	Table 81
Table 82	Table 83	Table 84
Table 85	Table 86	Table 87
Table 88	Table 89	Table 90
Table 91	Table 92	Table 93
Table 94	Table 95	Table 96
Table 97	Table 98	Table 99
Table 100	Table 101	Table 102
Table 103	Table 104	Table 105
Table 106	Table 107	Table 108
Table 109	Table 110	Table 111
Table 112	Table 113	Table 114
Table 115	Table 116	Table 117
Table 118	Table 119	Table 120
Table 121	Table 122	Table 123
Table 124	Table 125	Table 126
Table 127	Table 128	Table 129
Table 130	Table 131	Table 132
Table 133	Table 134	Table 135
Table 136	Table 137	Table 138
Table 139	Table 140	Table 141
Table 142	Table 143	Table 144
Table 145	Table 146	Table 147
Table 148	Table 149	Table 150
Table 151	Table 152	Table 153
Table 154	Table 155	Table 156
Table 157	Table 158	Table 159
Table 160	Table 161	Table 162
Table 163	Table 164	Table 165
Table 166	Table 167	Table 168
Table 169	Table 170	Table 171
Table 172	Table 173	Table 174
Table 175	Table 176	Table 177
Table 178	Table 179	Table 180
Table 181	Table 182	Table 183
Table 184	Table 185	Table 186
Table 187	Table 188	Table 189
Table 190	Table 191	Table 192
Table 193	Table 194	Table 195
Table 196	Table 197	Table 198
Table 199	Table 200	Table 201
Table 202	Table 203	Table 204
Table 205	Table 206	Table 207
Table 208	Table 209	Table 210
Table 211	Table 212	Table 213
Table 214	Table 215	Table 216
Table 217	Table 218	Table 219
Table 220	Table 221	Table 222
Table 223	Table 224	Table 225
Table 226	Table 227	Table 228
Table 229	Table 230	Table 231
Table 232	Table 233	Table 234
Table 235	Table 236	Table 237
Table 238	Table 239	Table 240
Table 241	Table 242	Table 243
Table 244	Table 245	Table 246
Table 247	Table 248	Table 249
Table 250	Table 251	Table 252
Table 253	Table 254	Table 255
Table 256	Table 257	Table 258
Table 259	Table 260	Table 261
Table 262	Table 263	Table 264
Table 265	Table 266	Table 267
Table 268	Table 269	Table 270
Table 271	Table 272	Table 273
Table 274	Table 275	Table 276
Table 277	Table 278	Table 279
Table 280	Table 281	Table 282
Table 283	Table 284	Table 285
Table 286	Table 287	Table 288
Table 289	Table 290	Table 291
Table 292	Table 293	Table 294
Table 295	Table 296	Table 297
Table 298	Table 299	Table 300
Table 301	Table 302	Table 303
Table 304	Table 305	Table 306
Table 307	Table 308	Table 309
Table 310	Table 311	Table 312
Table 313	Table 314	Table 315
Table 316	Table 317	Table 318
Table 319	Table 320	Table 321
Table 322	Table 323	Table 324
Table 325	Table 326	Table 327
Table 328	Table 329	Table 330
Table 331	Table 332	Table 333
Table 334	Table 335	Table 336
Table 337	Table 338	Table 339
Table 340	Table 341	Table 342
Table 343	Table 344	Table 345
Table 346	Table 347	Table 348
Table 349	Table 350	Table 351
Table 352	Table 353	Table 354
Table 355	Table 356	Table 357
Table 358	Table 359	Table 360
Table 361	Table 362	Table 363
Table 364	Table 365	Table 366
Table 367	Table 368	Table 369
Table 370	Table 371	Table 372
Table 373	Table 374	Table 375
Table 376	Table 377	Table 378
Table 379	Table 380	Table 381
Table 382	Table 383	Table 384
Table 385	Table 386	Table 387
Table 388	Table 389	Table 390
Table 391	Table 392	Table 393
Table 394	Table 395	Table 396
Table 397	Table 398	Table 399
Table 400	Table 401	Table 402
Table 403	Table 404	Table 405
Table 406	Table 407	Table 408
Table 409	Table 410	Table 411
Table 412	Table 413	Table 414
Table 415	Table 416	Table 417
Table 418	Table 419	Table 420
Table 421	Table 422	Table 423
Table 424	Table 425	Table 426
Table 427	Table 428	Table 429
Table 430	Table 431	Table 432
Table 433	Table 434	Table 435
Table 436	Table 437	Table 438
Table 439	Table 440	Table 441
Table 442	Table 443	Table 444
Table 445	Table 446	Table 447
Table 448	Table 449	Table 450
Table 451	Table 452	Table 453
Table 454	Table 455	Table 456
Table 457	Table 458	Table 459
Table 460	Table 461	Table 462
Table 463	Table 464	Table 465
Table 466	Table 467	Table 468
Table 469	Table 470	Table 471
Table 472	Table 473	Table 474
Table 475	Table 476	Table 477
Table 478	Table 479	Table 480
Table 481	Table 482	Table 483
Table 484	Table 485	Table 486
Table 487	Table 488	Table 489
Table 490	Table 491	Table 492
Table 493	Table 494	Table 495
Table 496	Table 497	Table 498
Table 499	Table 500	Table 501
Table 502	Table 503	Table 504
Table 505	Table 506	Table 507
Table 508	Table 509	Table 510
Table 511	Table 512	Table 513
Table 514	Table 515	Table 516
Table 517	Table 518	Table 519
Table 520	Table 521	Table 522
Table 523	Table 524	Table 525
Table 526	Table 527	Table 528
Table 529	Table 530	Table 531
Table 532	Table 533	Table 534
Table 535	Table 536	Table 537
Table 538	Table 539	Table 540
Table 541	Table 542	Table 543
Table 544	Table 545	Table 546
Table 547	Table 548	Table 549
Table 550	Table 551	Table 552
Table 553	Table 554	Table 555
Table 556	Table 557	Table 558
Table 559	Table 560	Table 561
Table 562	Table 563	Table 564
Table 565	Table 566	Table 567
Table 568	Table 569	Table 570
Table 571	Table 572	Table 573
Table 574	Table 575	Table 576
Table 577	Table 578	Table 579
Table 580	Table 581	Table 582
Table 583	Table 584	Table 585
Table 586	Table 587	Table 588
Table 589	Table 590	Table 591
Table 592	Table 593	Table 594
Table 595	Table 596	Table 597
Table 598	Table 599	Table 600
Table 601	Table 602	Table 603
Table 604	Table 605	Table 606
Table 607	Table 608	Table 609
Table 610	Table 611	Table 612
Table 613	Table 614	Table 615
Table 616	Table 617	Table 618
Table 619	Table 620	Table 621
Table 622	Table 623	Table 624
Table 625	Table 626	Table 627
Table 628	Table 629	Table 630
Table 631	Table 632	Table 633
Table 634	Table 635	Table 636
Table 637	Table 638	Table 639
Table 640	Table 641	Table 642
Table 643	Table 644	Table 645
Table 646	Table 647	Table 648
Table 649	Table 650	Table 651
Table 652	Table 653	Table 654
Table 655	Table 656	Table 657
Table 658	Table 659	Table 660
Table 661	Table 662	Table 663
Table 664	Table 665	Table 666
Table 667	Table 668	Table 669
Table 670	Table 671	Table 672
Table 673	Table 674	Table 675
Table 676	Table 677	Table 678
Table 679	Table 680	Table 681
Table 682	Table 683	Table 684
Table 685	Table 686	Table 687
Table 688	Table 689	Table 690
Table 691	Table 692	Table 693
Table 694	Table 695	Table 696
Table 697	Table 698	Table 699
Table 700	Table 701	Table 702
Table 703	Table 704	Table 705
Table 706	Table 707	Table 708
Table 709	Table 710	Table 711
Table 712	Table 713	Table 714
Table 715	Table 716	Table 717
Table 718	Table 719	Table 720
Table 721	Table 722	Table 723
Table 724	Table 725	Table 726
Table 727	Table 728	Table 729
Table 730	Table 731	Table 732
Table 733	Table 734	Table 735
Table 736	Table 737	Table 738
Table 739	Table 740	Table 741
Table 742	Table 743	Table 744
Table 745	Table 746	Table 747
Table 748	Table 749	Table 750
Table 751	Table 752	Table 753
Table 754	Table 755	Table 756
Table 757	Table 758	Table 759
Table 760	Table 761	Table 762
Table 763	Table 764	Table 765
Table 766	Table 767	Table 768
Table 769	Table 770	Table 771
Table 772	Table 773	Table 774
Table 775	Table 776	Table 777
Table 778	Table 779	Table 780
Table 781	Table 782	Table 783
Table 784	Table 785	Table 786
Table 787	Table 788	Table 789
Table 790	Table 791	Table 792
Table 793	Table 794	Table 795
Table 796	Table 797	Table 798
Table 799	Table 800	Table 801
Table 802	Table 803	Table 804
Table 805	Table 806	Table 807
Table 808	Table 809	Table 810
Table 811	Table 812	Table 813
Table 814	Table 815	Table 816
Table 817	Table 818	Table 819
Table 820	Table 821	Table 822
Table 823	Table 824	Table 825
Table 826	Table 827	Table 828
Table 829	Table 830	Table 831
Table 832	Table 833	Table 834
Table 835	Table 836	Table 837
Table 838	Table 839	Table 840
Table 841	Table 842	Table 843
Table 844	Table 845	Table 846
Table 847	Table 848	Table 849
Table 850	Table 851	Table 852
Table 853	Table 854	Table 855
Table 856	Table 857	Table 858
Table 859	Table 860	Table 861
Table 862	Table 863	Table 864
Table 865	Table 866	Table 867
Table 868	Table 869	Table 870
Table 871	Table 872	Table 873
Table 874	Table 875	Table 876
Table 877	Table 878	Table 879
Table 880	Table 881	Table 882
Table 883	Table 884	Table 885
Table 886	Table 887	Table 888
Table 889	Table 890	Table 891
Table 892	Table 893	Table 894
Table 895	Table 896	Table 897
Table 898	Table 899	Table 900
Table 901	Table 902	Table 903
Table 904	Table 905	Table 906
Table 907	Table 908	Table 909
Table 910	Table 911	Table 912
Table 913	Table 914	Table 915
Table 916	Table 917	Table 918
Table 919	Table 920	Table 921
Table 922	Table 923	Table 924
Table 925	Table 926	Table 927
Table 928	Table 929	Table 930
Table 931	Table 932	Table 933
Table 934	Table 935	Table 936
Table 937	Table 938	Table 939
Table 940	Table 941	Table 942
Table 943	Table 944	Table 945
Table 946	Table 947	Table 948
Table 949	Table 950	Table 951
Table 952	Table 953	Table 954
Table 955	Table 956	Table 957
Table 958	Table 959	Table 960
Table 961	Table 962	Table 963
Table 964	Table 965	Table 966
Table 967	Table 968	Table 969
Table 970	Table 971	Table 972
Table 973	Table 974	Table 975
Table 976	Table 977	Table 978
Table 979	Table 980	Table 981
Table 982	Table 983	Table 984
Table 985	Table 986	Table 987
Table 988	Table 989	Table 990
Table 991	Table 992	Table 993
Table 994	Table 995	Table 996
Table 997	Table 998	Table 999
Table 1000	Table 1001	Table 1002

Annual Report of Industrial School, 1934, p. 19.

The problem of support has increased since the depression. Necessary attention to the physical needs of the children in the matter of clothing, braces, and other apparatus would have failed without the help of outside organizations and the donation from the Dean Foundation for the Little Children.

In spite of the falling off in subscriptions to the School the Trustees have thought that the work should not be curtailed. By careful planning, rigid economies, and reduction wherever possible, the work has gone on, and the normal activities have been fully maintained.

The School needs increased support to maintain its good standards and extend the facilities to a large number of children who need what the Industrial School is able to provide.

The review of progress has increased since the
completion. The heavy attention to the physical needs of the
children in the matter of clothing, food, and other necessities
would have failed without the help of outside organizations and
a donation from the Dean Foundation for the Little Children.
In spite of the falling off in subscriptions to the
school the Trustees have thought that the work should not be
interrupted. By careful planning, rigid economies, and
reduction wherever possible, the work has gone on, and the
normal activities have been fully maintained.
The school needs increased support to maintain the
good standards and extend the facilities to a larger number of
children who need what the Industrial School is able to
provide.

Massachusetts Hospital School at Canton

In 1904 the Legislature of Massachusetts passed an act (Chapter 446) "to establish the Massachusetts School and Home for Crippled and Deformed Children". The Act provided for the appointment of five Trustees and stipulated that the State Board of Charity should have general supervision of the School and Home. The first board of trustees were the following men: Edward H. Bradford, M.D., William Endicott, Jr., Leonard W. Ross, William A. Morrison, M.D., and Alfred S. Pinkerton.

On the 18th of October¹ Governor Curtis Guild and Council approved the plan to purchase the Gammel farm², a tract consisting of some forty-six acres, situated in the town of Lexington, which the Board deemed admirable in many respects as to location and size. Upon further investigation of the question of the cost of constructing and maintaining a system of sewerage at this place, the Board felt that it would not be warranted in making the large expenditure required, and the intention of purchasing this place was given up. Then other sites were considered by the Board³ in the towns of Attleboro, Abington, Arlington Heights, Braintree, Dedham, Franklin,

¹27th Annual Report of State Board of Charity of Massachusetts 1905, p.p. 98-99.

²Ibid, p.p. 98-99.

³Ibid, p. 99.

Massachusetts Hospital School at Canton

In 1904 the Legislature of Massachusetts passed an act (Chapter 484) "to establish the Massachusetts Hospital and to provide for the care and treatment of children." The act provided for the appointment of five trustees and stipulated that the Board of Directors should have general supervision of the school and home. The first board of trustees were the following men: Edward H. Bradley, M.D., William Brewster, Jr., Leonard W. Ross, William A. Brewster, M.D., and Alfred B. Brewster.

On the 18th of October, Governor Curtis (1904) and Council approved the plan to purchase the General Farm, a tract consisting of some forty-six acres, situated in the town of Lexington, which the Board deemed suitable in many respects as to location and size. Upon further investigation of the question of the cost of constructing and maintaining a system of sewerage at this place, the Board felt that it would not be warranted in making the large expenditure required, and the question of purchasing this place was given up. Other sites were considered by the Board in the towns of Attleboro, Framingham, Arlington Heights, Braintree, Boston, Franklin,

1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	3009	3010	3011	3012	3013	3014	3015	3016	3017	3018	3019	3020	3021	3022	3023	3024	3025	3026	3027	3028	3029	3030	3031	3032	3033	3034	3035	3036	3037	3038	3039	3040	3041	3042	3043	3044	3045	3046	3047	3048	3049	3050	3051	3052	3053	3054	3055	3056	3057	3058	3059	3060	3061	3062	3063	3064	3065	3066	3067	3068	3069	3070	3071	3072	3073	3074	3075	3076	3077	3078	3079	3080	3081	3082	3083	3084	3085	3086	3087	3088	3089	3090	3091	3092	3093	3094	3095	3096	3097	3098	3099	3100	3101	3102	3103	3104	3105	3106	3107	3108	3109	3110	3111	3112	3113	3114	3115	3116	3117	3118	3119	3120	3121	3122	3123	3124	3125	3126	3127	3128	3129	3130	3131	3132	3133	3134	3135	3136	3137	3138	3139	3140	3141	3142	3143	3144	3145	3146	3147	3148	3149	3150	3151	3152	3153	3154	3155	3156	3157	3158	3159	3160	3161	3162	3163	3164	3165	3166	3167	3168	3169	3170	3171	3172	3173	3174	3175	3176	3177	3178	3179	3180	3181	3182	3183	3184	3185	3186	3187	3188	3189	3190	3191	3192	3193	3194	3195	3196	3197	3198	3199	3200	3201	3202	3203	3204	3205	3206	3207	3208	3209	3210	3211	3212	3213	3214	3215	3216	3217	3218	3219	3220	3221	3222	3223	3224	3225	3226	3227	3228	3229	3230	3231	3232	3233	3234	3235	3236	3237	3238	3239	3240	3241	3242	3243	3244	3245	3246	3247	3248	3249	3250	3251	3252	3253	3254	3255	3256	3257	3258	3259	3260	3261	3262	3263	320
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	-----

Holbrook, Weston, and Canton.¹ With such places in view, a careful survey of each location was made to determine the following facts: Whether it was as near the center of the indigent population of the Commonwealth as was possible; whether it was easily accessible to persons interested in the pupils of the school, special instructors, and physicians, while sufficiently removed from the city to obtain the full benefit of the country air and life; whether it was as near as possible to a railroad station and street car lines; whether the electricity and water and sewerage service were obtainable at the least possible expense; whether its environment possessed physical attraction which could be most elevating and beneficial to crippled and deformed children.

As soon as the site was purchased in Canton, Massachusetts, the Board began active operations toward perfecting the architectural plans of the building already begun by Prof. Francis W. Chandler of Massachusetts Institute of Technology² and in pushing forward the construction of the institution. The buildings necessary to carry out its purpose were completed and the institution was opened on December 1, 1907 with Dr. John E. Fish as Superintendent. The first patients were admitted on January 14, 1908, and the number of patients during the first year was 104. The capacity of the school was

¹27th Annual Report of State Board of Charity, 1905, p. 99.

²Ibid, p. 99.

Halbrook, Weston, and Landon. With such places in view, a careful survey of each location was made to determine the following facts: Whether it was as near the center of the indigenous population of the Commonwealth as was possible; whether it was easily accessible to persons interested in the pupils of the school, special instructors, and physicians, while sufficiently removed from the city to obtain the full benefit of the country air and life; whether it was as near as possible to a railroad station and street car lines; whether the electricity and water and sewerage services were obtainable at the least possible expense; whether the environment possessed physical attractions which could be most elevating and beneficial to crippled and deformed children.

As soon as the site was purchased in Canton, Massachusetts, the Board began active operations toward perfecting the architectural plans of the building already begun by Prof. Francis W. Chandler of Massachusetts Institute of Technology, and in planning toward the construction of the institution. The buildings necessary to carry out its purpose were completed and the institution was opened on December 1, 1907 with Dr. John A. Wick as Superintendent. The first patients were admitted on January 14, 1908, and the number of patients during the first year was 104. The capacity of the school was

intended to be 300, and when the buildings had been completed, they were filled. The needs of orthopedic patients, who are the only class received at the school, were given first consideration in the arrangement and planning of the buildings.

The form which the institution was given is the cottage system. Four cottages house over one hundred children¹ the rest being accommodated in dormitories, and a well-equipped hospital building. The school house is connected with the other buildings by granolithic walks, and the gravely disabled pupils are able to attend classes with no effort and to reach different levels. In spite of the large number of children, there is but a minimum of institutionalism. The life of the older girls and the older boys in simple cottages where a small number live after the fashion of a large family approaches normal home life.

The support of children in the Massachusetts Hospital School is arranged for through the local board of public welfare in cases where parents cannot afford to pay. The city or town which is the child's place of legal settlement is charged at the rate of six dollars per week for its care. The local board of public welfare may collect whatever proportion of that amount the parents can pay. When a child has no legal settlement in a city or town, the state assumes his support at the Hospital School.

¹Massachusetts Final Report of the Department of Public Welfare, House, No. 401, 1931, p. 37.

intended to be 750, and when the building had been completed, they were filled. The needs of orthopedic patients, who are the only class received at the school, were given first consideration in the arrangement and planning of the building.

The form which the institution was given is the cottage system. Four cottages house over one hundred children. The rest being accommodated in dormitories, and a well-equipped hospital building. The school house is connected with the other buildings by gravelled walks, and the gravelled aisles are also to attend classes with no effort and to reach different levels. In spite of the large number of children, there is but a minimum of institutionalism. The life of the older girls and the older boys in single cottages where a small number live after the fashion of a large family, approaches normal home life.

The support of children in the Massachusetts Hospital School is arranged for through the local board of public welfare in cases where parents cannot afford to pay. The city or town which is the child's place of legal settlement is charged at the rate of six dollars per week for its care. The local board of public welfare may collect whatever proportion of that amount the parents can pay. When a child has no legal settlement in a city or town, the state assumes his support at the Hospital School.

The original purpose of the founders of the Massachusetts Hospital School was to provide a school with all necessary hospital facilities, including a resident, medical, nursing, and teaching staff for the benefit of crippled and deformed children of the Commonwealth.¹

The terms of admission to the Massachusetts Hospital School are as follows:

1. Crippled and deformed children of the Commonwealth, between the ages of five and fifteen years, who are mentally competent to attend the public schools are eligible for admission for hospital care and educational training.

2. Certain state minor wards who are not insane, feeble-minded, epileptic, or otherwise unfit are admitted for hospital care only.

3. Payment for the board of private patients must be made in advance, unless sufficient surety therefore is given.²

Every child received at the Massachusetts institution, whether an orthopedic case for the school department, or a minor ward for hospital care only, is entered through the Bradford Infirmary.³

¹Massachusetts Final Report of the Department of Public Welfare, House, No. 401, 1931, p. 37.

²Annual Report of the Trustees of the Massachusetts Hospital School at Canton, 1933, p. 2 .

³Public Document No. 82, Massachusetts Annual Report of Trustees of Massachusetts Hospital School at Canton, 1929 ,p. 7.

The original purpose of the Trustees of the Mass-

achusetts Hospital School was to provide a school for all
necessary hospital facilities, including a resident, medical,
nursing, and teaching staff for the benefit of orphaned and
destitute children of the Commonwealth.¹

The terms of admission to the Massachusetts Hospital

School are as follows:

1. Orphaned and destitute children of the
Commonwealth, between the ages of five and
fifteen years, who are unable to attend
school and whose parents are unable to
provide for hospital care and educational
training.

2. Certain state minor wards who are not
insane, feeble-minded, epileptic, or other-
wise unfit for hospital care.

3. Payment for the board of private
patients must be made in advance, unless
sufficient security thereof is given.²

Every child received at the Massachusetts Institution

whether an orthopedic case for the school department, or a

minor ward for hospital care only, is entered through the

Prepared January, 1933.

¹Massachusetts Final Report of the Department of Public Welfare,
Boston, No. 401, 1931, p. 37.

²Annual Report of the Trustees of the Massachusetts Hospital
School at Canton, 1932, p. 2.

³Public Document No. 82, Massachusetts Annual Report of Trustees
of Massachusetts Hospital School at Canton, 1933, p. 7.

On the admission, a complete physical examination is made as a routine procedure, including X-ray,¹ laboratory analyses, dental examination and other diagnostic measures. As a safeguard to the other pupils, school cases are held at the infirmary until they have passed the incubation period of the common contagious diseases. During this period following the initial examination, the social worker, having seen the child at home, is helpful in making new adjustments agreeable; the dental hygienist² takes up her duties with the child; and the necessary braces, splints, and orthopedic appliances are prescribed by the physicians for the work of the apparatus shop.³ Any surgical procedure for the correction of deformities usually is not begun until a child has become well established in school. When a surgical operation⁴ has been decided upon, or a child's illness demands special medical and nursing care, he may be and frequently is readmitted to the infirmary by transfer from the school department. Patients admitted for hospital care only, under the provisions of Chapter 121 of the General Laws, are sometimes found to be eligible for classification as crippled and deformed children.

¹Public Document No. 82, Massachusetts Annual Report of the Trustees of Mass. Hospital School at Canton, 1929, p. 7.

²Ibid, p. 7.

³Ibid, p. 7.

⁴Ibid, p. 7.

On the admission, a complete physical examination is made as a routine procedure, including X-ray, laboratory, ophthalmic, dental examination and other diagnostic measures. As a safeguard to the other pupils, school cases are held at the infirmary until they have passed the incubation period of the common contagious diseases. During this period following the initial examination, the school work, having been the child at home, is helped in making the adjustment necessary; the dental hygienist takes up her duties with the child; and the necessary braces, splints, and orthodontic appliances are prescribed by the physicians for the work of the apparatus. Any surgical procedure for the correction of deformities usually is not begun until a child has become well established in school. When a surgical operation has been decided upon, or a child's illness demands special medical and nursing care, he may be and frequently is transferred to the infirmary by transfer from the school department. Patients admitted for hospital care only, under the provisions of Chapter 121 of the General Laws, are sometimes found to be eligible for classification as original and returned children.

Public Document No. 82, Massachusetts Annual Report of the Trustees of Mass. Hospital School at Canton, 1929, p. 7.

ibid., p. 7.

ibid., p. 7.

ibid., p. 7.

They are allowed to remain for both hospital and school advantages if their guardians wish them to have the educational opportunities not obtainable for them in a public school.¹

The Bradford Infirmary, completed in October, 1922, takes care of acute surgical and medical cases occurring in children under the Division of Child Guardianship of the Department of Public Welfare, under Chapter 121, Section 35, of the General Laws, - "No State ward who is insane, feeble-minded, epileptic, or otherwise unfit shall be admitted to or received at the said hospital". During the time this law has been in operation, there has been every compliance with its purpose and no possibility that the Bradford Infirmary will become an asylum for incurables.²

The Massachusetts Hospital School has a very efficient field worker,³ who follows up the discharged cases from the Massachusetts Hospital School. She has to deal with some parents who have removed their children against her advice and are too proud to take the initiative in the matter of re-admission. She discovers others who take their children home on visits, and, encouraged by the improvement observed, place them in a public school before they are strong enough to compete with normal children. She follows up cases of

¹Public Document No. 17, Department of Public Welfare of Massachusetts, 1923, p. 44.

²Ibid, p. 44.

³Public Document No. 82, Massachusetts Annual Report of Trustees of Massachusetts Hospital School at Canton, 1926, p. 4.

They are allowed to remain for both hospital and school advantages at their own expense with them to have the educational opportunities not obtainable for them in a public school.¹

The Hospital Inquiry, completed in October, 1932,

shows that of cases surgical and medical cases occurring in

children under the Division of Child Relationship of the

Department of Public Welfare, under Chapter 121, Section 23,

of the General Laws, - "No child who is insane, feeble-

minded, epileptic, or otherwise unfit shall be admitted to or

received at the said hospital". During the time this law has

been in operation, there has been every compliance with the

purpose and no possibility that the Hospital Inquiry will

become an agency for insurance.²

The Massachusetts Hospital School has a very

efficient field worker,³ who follows up the discharged cases

from the Massachusetts Hospital School. She has to deal with

some parents who have removed their children against her advice

and are too proud to take the initiative in the matter of re-

admission. The discoverers of these who take their children home

on visits, and, encouraged by the improvement observed, place

them in a public school before they are strong enough to

cooperate with normal children. She follows up cases of

¹Public Document No. 17, Department of Public Welfare of Massachusetts, 1932, p. 44.

²Ibid, p. 44.

³Public Document No. 22, Massachusetts Annual Report of Trustees of Massachusetts Hospital School at Boston, 1932, p. 4.

parents who prolong the visits beyond the appointed time for return, and are then ashamed to offer what they know to be a weak excuse.

Provision was early made at the hospital school for a scheme of training in school and out which should touch the lives of the children admitted to the school on more than the ground of disability. A trustee says in his early report,

"For the education of these children to a position of usefulness in an American community, it is necessary not only that they be trained to labor and handicrafts, but that they should be given the broadest aims."

The training, therefore, for the children admitted to the Hospital School is arranged for in many other places than in the classroom.¹ An environment having been provided where food, shelter, and clothing should make for health and where all available medical, surgical, and nursing care should be always at hand, the founders used this as a basis for the upbuilding of habits of mental health.² Since a great many patients received were of an age for common school study, provision was made for the academic instruction³ in elementary studies from the first through the eighth grades. This provision has been adequate in a large majority of cases

¹Massachusetts, The Commonwealth, Dept. of Public Health, The Handicapped, Vol. 20, No. 4, Oct., Nov., Dec. 1933, p. 217.

²Ibid, p. 217.

³Ibid, p. 217.

parents who visiting the visitor beyond the appointed time for
visit, and are then asked to either wait until they have to be a
week or more.

Reception was early made at the hospital school for
a course of training in school and out which should form the
basis of the children admitted to the school on more than the
ground of disability. A trustee says in his early report,

"For the education of these children to a
position of usefulness in an American
community, it is necessary not only that
they be trained to labor and business,
but that they should be given the broadest
also."

The training, therefore, for the children admitted to the
Hospital School is arranged for in many other places than in
the classroom. In an environment having been provided where
food, shelter, and clothing should make for health and where
all available medical, surgical, and nursing care should be
always at hand, the trustees want this as a basis for the
uplifting of habits of mental health. Since a great many

patients received were of an age for common school study,
provision was made for the academic instruction in elementary
studies from the first through the eighth grades. This
provision has been adequate in a large majority of cases

¹Memorandum, The Commissioner, Dept. of Public Health,
The Commonwealth, Vol. 20, No. 4, Oct., Nov., Dec. 1922, p. 217.

²Ibid., p. 217.

³Ibid., p. 217.

through the twenty-seven years, and is still the basis of the instruction given. There is, in addition, kindergarten work with pre-school group, and vocational clerical work of high school¹ grade for a few cases after they have received the eighth grade diploma of graduation, but for the great number of pupils, the present provision is adequate.

Education through play has occupied a very large place in the scheme of things at the Massachusetts Hospital School. The country surroundings resembling a farming village give all the children a chance to have under proper safeguards and not too strict supervision an opportunity to swing, to climb, to dig in the dirt, and to be under the shady and beautiful pine trees. Activities such as the game of baseball are found to be possible. Swimming, camp fire groups, and boy scout pranks and exercises have from time to time played a part not only in entertaining the children but in improving the morale and in developing initiative and a sense of responsibility. Music, drama, and instruction in arts and handicrafts play an important part in the pupils' lives.

The founders felt in planning industrial and vocational work for the pupils that the most valuable and worthwhile program would be one which should develop out of the daily work of the school, and which should be close enough to the life of each girl and boy to be recognized as necessary and comprehensible. The outgrowth of these principles has been a system of

¹Massachusetts, The Commonwealth, Dept. of Public Health,
The Handicapped, Vol. 20, No. 4, Oct., Nov., Dec. 1933, p. 217.

through the twenty-seven years, and as still the basis of the
educational system. There is, in addition, kindergarten work
with pre-school groups, and vocational education work of high
school grade for a few cases after they have received the
eight grade degree of graduation, but for the great number of
pupils, the present provision is adequate.

Education through play has occupied a very large
place in the scheme of things at the Massachusetts Hospital
School. The country surroundings resembling a farming village
give all the children a chance to have under proper supervision
and not too strict supervision an opportunity to swing, to
climb, to dig in the dirt, and to be under the shade and
beneficial pine trees. Activities such as the game of baseball
are found to be possible. Swimming, camp fire groups, and boy
scout groups and exercises have from time to time played a part
not only in entertaining the children but in improving the
character and in developing initiative and a sense of responsibility.
Music, drama, and instruction in arts and handicrafts
play an important part in the pupils' lives.

The township is in planning industrial and vocational
work for the pupils that the most valuable and worthwhile
program would be one which should develop out of the daily work
of the school, and which should be placed enough to the life of
each child and boy to be recognized as necessary and comprehen-
sible. The outgrowth of these principles has been a system of

voluntary apprenticeship, giving prevocational tastes of various occupations. The older boys have an opportunity to try their hands at milking, painting, nailing shingles on the roof, or driving an automobile. The girls in their cottages have practical domestic training in all household arts. They learn such things as weaving, sewing, and embroidery. They help in the office and learn to handle a telephone switchboard.¹

The older pupils are observed and individually studied for vocational assignment both by the physicians in charge and by every one who comes in contact with them. Before a pupil is ready to leave school, a complete picture is obtained of his traits of character, tastes, and capacities for life work.

The curriculum in classes for crippled children is modelled after that in regular public school classes. It is the teacher's ambition to be able to say that the children who leave her classes after they are cured, re-enter regular public classes in the grades which would have been theirs if they had remained perfectly well. The special classes for cripples are small enough for each child to receive individual attention and thus to be able to cover the ground in shorter sessions than those of public schools.

In addition to regular class rooms with portable chairs the Massachusetts Hospital School uses for outdoor classes open platforms adjoining the school building, which

¹Massachusetts, The Commonwealth, Dept. of Public Health, The Handicapped, Vol. 20, No. 4, Oct., Nov., Dec. 1933, p.218.

voluntary apprenticeship, giving vocational grades of various
occupations. The older boys have an opportunity to try their
hands at milking, painting, raising chickens on the roof, or
driving an automobile. The girls in their classes have
practical domestic training in all household arts. They learn
such things as weaving, sewing, and embroidery. They help in
the office and learn to handle a telephone switchboard.

The older pupils are observed and individually studied for
vocational assignment both by the physicians in charge and by
every one who comes in contact with them. Before a pupil is
ready to leave school, a complete picture is obtained of his
training of character, tastes, and capacities for life work.

The curriculum in classes for crippled children is
modeled after that in regular public school classes. It is
the teacher's ambition to be able to say that the children who
leave her classes after they are cured, re-enter regular public
classes in the grades which would have been theirs if they had
remained perfectly well. The special classes for cripples are
small enough for each child to receive individual attention and
time to be able to cover the ground in shorter sessions than
those of public schools.

In addition to regular class rooms with portable
tables the Massachusetts Hospital School uses for outdoor
classes open platforms adjoining the school building, which

forms the only solid wall.¹ The platform has a tight board railing about three feet in height on three sides with pillars at intervals, which are connected overhead to the main building by rods over which an awning can be drawn. The children sit in collapsible box-like chairs with very high backs which extend to the floor behind their feet, and with winged pieces at each side to break the wind. Very warm clothing, knit caps, and heavy blankets are provided.² The fresh air is a great aid to the health of these crippled children.

Two parts of the building deserve special mention. The assembly hall³ which has added greatly to the comfort, entertainment, and education of the children since its opening, is used for entertainments as well as for various religious exercises. Here the children have given plays, a minstrel show, and musical entertainments; a brass band, a number of concerts; and a guitar and mandolin club, recently formed, promises additional enjoyment and instruction to the girls. The library has also been a great asset to the Massachusetts Hospital School. Connected with the assembly hall, it is used daily under the supervision of some member of the teaching staff. Definite plans are made to coordinate the use of the library with the school work.

¹Reeves, Edith Care and Education of Crippled Children, p. 53.

²Ibid, p. 53.

³Public Document No. 82 Massachusetts Annual Report of Trustees of Massachusetts Hospital School, 1929, p. 7.

forms the only solid wall. The platform has a light board railing about three feet in height on three sides with pillars at intervals, which are connected overhead to the main building by rods over which an awning can be drawn. The children sit on collapsible box-like benches with very high backs which extend to the floor behind their feet, and with winged pieces at each side to break the wind. Very warm clothing, knit caps, and heavy blankets are provided. The fresh air is a great aid to the health of these crippled children.

Two parts of the building deserve special mention. The assembly hall² which has added greatly to the comfort, entertainment, and education of the children since its opening is used for entertainments as well as for various religious exercises. Here the children have given plays, a minstrel show, and musical entertainments; a brass band, a number of choruses; and a guitar and mandolin club, recently formed, provided additional enjoyment and instruction to the group. The library has also been a great asset to the Massachusetts Hospital School. Connected with the assembly hall, it is used daily under the supervision of some member of the teaching staff. Definite plans are made to coordinate the use of the library with the school work.

¹ Reeves, With Care and Attention of Crippled Children, p. 52.

² Ibid., p. 52.

³ Public Document No. 62 Massachusetts Annual Report of Trustees of Massachusetts Hospital School, 1929, p. 7.

The personnel of the Massachusetts Hospital School is under the direction of Superintendent, John E. Fish, M.D. All the medical staff are practitioners licensed under laws of the state. A very efficient dental department cares for the children's teeth. Head nurses are registered graduates, but no nursing school as such is maintained. Classes of students organized for the training of school nurses receive a certificate upon the completion of the course in recognition of efficiency in the nursing care of children.

The value of the physical treatment and school training at the Massachusetts Hospital School is proved by the fact that seventy-five per cent¹ of the discharged cases have been able to maintain creditable standing in other schools, or to become successful wage earners. Many graduates enter public high schools without conditions, and a few have obtained such a grasp of scholarship as to give promise of becoming men and women of broad culture. The success of the scholastic work of the school is to be attributed to the sympathetic prompting to perseverance given by the teachers, for without encouragement and tact children fighting against heavy odds would have given up disheartened and discouraged.

The secretarial training given to graduates of the grammar school course continues to increase in worth to pupils

¹Public Document No. 17, Dept. of Public Welfare of Massachusetts, 1923, p. 44.

The personnel of the Massachusetts Hospital School is under the direction of Superintendent, John E. Ryan, M.D. All the medical staff are practitioners licensed under laws of the state. A very efficient dental department cares for the children's teeth. Head nurses are registered graduates, but no nursing school as such is maintained. Classes of students organized for the training of school nurses receive a certificate upon the completion of the course in recognition of proficiency in the nursing care of children.

The value of the physical treatment and school training at the Massachusetts Hospital School is proved by the fact that seventy-five per cent of the discharged cases have been able to maintain creditable standing in other schools, or to become successful wage earners. Many graduates enter public high schools without conditions, and a few have obtained such a grasp of scholarship as to give promise of becoming men and women of broad culture. The success of the scholastic work of the school is to be attributed to the sympathetic prompting to perseverance given by the teachers, for without encouragement and that children fighting against heavy odds would have given up discouraged and discouraged.

The vocational training given to graduates of the grammar school course continues to increase in worth to pupils

leaving the institution. Eight pupils made up the first class four years ago, and nineteen are now studying the Gregg System¹ of shorthand and the touch system of typewriting. A number of the pupils, discharged after taking this course, have been able to get part-time or full-time work in offices, or in their own homes. Even with present economic conditions it is gratifying to report that the graduates continue to find opportunities for full or partial support.²

Educational activities and the responsibilities of the teaching staff are definitely separated from the medical nursing service. Yet each must be coordinated at many points, and adjustments must be made to harmonize the efforts for the welfare of the children with the need of the parents and the community. The solution of many inter-departmental and community problems has been found through social service, which has maintained its place as one of the most important branches of the work. This department does not have to concern itself with the children who return to their own homes, but it is concerned with the placement of boys and girls whose family ties have been broken by misfortune of various sorts, and also of children who need permanent custodial care.

As in private institutions, curtailments have had to

¹Public Document No. 82, Massachusetts Annual Report of Trustees of Massachusetts Hospital School, 1933, p. 6.

²Annual Report of Trustees of Massachusetts Hospital School, 1931, p. 5.

leaving the institution. Eight pupils made up the first class four years ago, and nineteen are now studying the Gregg system of shorthand and the touch system of typewriting. A number of the pupils, discharged after taking this course, have been able to get part-time or full-time work in offices, or in their own homes. Even with present economic conditions it is gratifying to report that the graduates continue to find opportunities for full or partial support.²

Recreational activities and the responsibilities of the teaching staff are definitely separated from the medical nursing service. Yet each must be coordinated at many points, and adjustments must be made to harmonize the efforts for the welfare of the children with the need of the parents and the community. The solution of many inter-departmental and community problems has been found through social service, which has maintained its place as one of the most important branches of the work. This department does not have to concern itself with the children who return to their own homes, but it is concerned with the placement of boys and girls whose families have been broken by misfortune of various sorts, and also of children who need permanent custodial care. As in private institutions, curtailments have had to

¹Public Document No. 82, Massachusetts Annual Report of Trustees of Massachusetts Hospital School, 1932, p. 6.
²Annual Report of Trustees of Massachusetts Hospital School, 1932, p. 6.

be imposed upon the institution during the depression.

To meet the emergency, salaries, which had never been increased from pre-war standards to a scale comparable to the wages paid in the industries, and for labor in general, were reduced April 1, 1933, without regard to the character or length of service, and thus a saving of approximately \$7,000.00 was effected. Nevertheless the welfare of the six hundred and fifty-seven children under treatment has not been jeopardized. The closing of the books for the year 1933 resulted in an unexpended balance of \$6,792.60 with liabilities of \$3,191.80 or a net balance of \$3,600.80.¹

During the years of depression there has been no new construction of buildings, but at times it has seemed doubtful whether the mechanics could keep pace with the demands for routine minor repairs and needed improvements.

The fact that this is a state institution has not deterred individuals from assisting in various ways to make the children happy. Between fifty and sixty religious and fraternal organizations and woman's clubs have brought good cheer to the children through entertainment and worthwhile gifts. This kind of commendation of work well done helps the institution to feel that it is fulfilling the purpose of its existence.

¹Annual Report of Trustees of Massachusetts Hospital School, 1933, p. 4

be imposed upon the institution during the depression. It must be recognized, however, which had never been increased from pre-war standards to a level comparable to the wages paid in the industries, and for labor in general, were reduced April 1, 1933, without regard to the character or length of service, and thus a saving of approximately \$7,000.00 was effected. Nevertheless the welfare of the six hundred and fifty-seven children under treatment has not been sacrificed. The closing of the books for the year 1933 resulted in an unexpended balance of \$5,792.50 with liabilities of \$5,191.30 or a net balance of \$600.20.

During the years of depression there has been no new construction of buildings, but at times it has seemed doubtful whether the facilities could keep pace with the demands for routine minor repairs and needed improvements.

One of the main aims of the institution has not been to protect individuals from outside influences in various ways to make the children happy. Between fifty and sixty religious and fraternal organizations and women's clubs have brought good cheer to the children through entertainment and worthwhile gifts. This kind of constant cheer of work well done helps the institution to feel that it is fulfilling the purpose of its existence.

Shriners' Hospital For Crippled Children - Springfield, Mass.
(Privately Conducted Institution)

In 1930 Noble W. Freeland Kendrick¹ in a memorable address delivered at Portland, Oregon, inspired the high officials of the Shriners with his plan of salvaging malformed children from among the poor and unfortunates. A year later, 1931, a resolution was passed at Des Moines, Iowa,² by The Imperial Council³ authorizing the building of a hospital. Authorization was given to expand the work, with the following result:

1. The Ancient Arabic Order of the Nobles of the Mystic Shrine for North America owns and maintains eleven Shriners' Hospitals for Crippled Children, located in the following cities in the order of their opening dates: Shreveport, La.; Minneapolis, Minn.; San Francisco, Cal.; Portland, Ore.; St. Louis, Mo.; Montreal, Canada; Springfield, Mass.; Chicago, Ill.; Philadelphia, Pa.; Greenville, S.C.; and Honolulu, H.I.

2. The Hospitals operated as Mobile Units in four cities, in order of their opening are: Spokane, Wash.; Salt Lake City, Utah; Winnipeg, Canada; and Lexington, Ky.

From the time of the organization of the first Shriners' Hospital to 1934, 17,000 children under fourteen years of age have been corrected or benefited, or a total of over 47,000⁴ out patients and bed patients.

¹Annual Report Shriners' Hospitals for Crippled Children, 1933, p. 1.

²Ibid, p. 1.

³Ibid, p. 1.

⁴Annual Report Shriners' Hospital, 1934, p. 7.

Children's Hospital for Crippled Children - Springfield, Mass.
(Latterday Children's Hospital)

In 1933 Noble W. Woodard, President of the National

Children's Hospital for Crippled Children, Inc., organized the high
school of the Children with the aim of relieving crippled
children from among the poor and unfortunate. A year later,
1934, a resolution was passed at New Haven, Conn., by the
National Council, authorizing the building of a hospital.

Authorization was given to expand the work, with the following
results:

1. The National Council of the Children of the United States
for North America owns and maintains eleven Children's Hospitals
for Crippled Children, located in the following cities in the
order of their opening dates: New York, N.Y.; Minneapolis,
Minn.; San Francisco, Cal.; Portland, Ore.; St. Louis, Mo.;
Boston, Mass.; Chicago, Ill.; Philadelphia, Pa.; Knoxville, Tenn.;
and Honolulu, H.I.

2. The Hospital operated as Noble W. Woodard in four cities, in
order of their opening dates: Spokane, Wash.; Salt Lake City,
Utah; Winnipeg, Canada; and Lexington, Ky.

From the time of the organization of the first
Children's Hospital to 1933, 17,000 children were treated
in one of the hospitals or benefited, or a total of
over 45,000 out-patients and bed patients.

Annual Report Children's Hospital for Crippled Children, 1933,
p. 1.

Child, N. I.
Child, N. I.

Annual Report Children's Hospital, 1934, p. 1.

The purpose of these hospitals is to provide free and skilled attention to children with deformed bones and joints whose parents or guardians are absolutely unable to pay for such surgical service, and whose disabilities can be sufficiently improved to enable them to be self-supporting in after life.

To obtain admission to the Shriners' Hospital, the child must be first, a cripple, not over fourteen years of age. If he is suffering primarily from some other medical or surgical condition, he cannot be accepted. There is no limit of race or creed.

Second, he must be of sound mind, that is, as intelligent and mentally active as the average child of his age. Children over five years of age, who have never learned to talk, who still cannot feed or otherwise care for themselves, can very rarely be benefited by treatment.

Third, he must on examination by the Chief Surgeon, be found to have a condition which can be cured or corrected to such an extent as to render the child self-supporting in after life. This requirement necessitates a thorough preliminary examination by the surgeon before the child is admitted for treatment or operation.

Fourth, he must have an application blank properly filled out and signed by a Shriner. This calls for the family data and age of the child and a doctor's certificate stating that the child is of sound mind and giving his diagnosis of the condition.

The purpose of these hospitals is to provide free

and skilled attention to children with deformed bones and joints whose parents or guardians are financially unable to pay for such medical service, and whose disabilities can be advantageously removed to enable them to be self-supporting in after life.

To obtain admission to the "Children's Hospital," the child must be first, in principle, not over fourteen years of age. It is not entering primarily from any other medical or surgical condition, he cannot be accepted. There is no limit of race or creed.

Second, he must be of normal mind, that is, as intelligent and mentally active as the average child of his age. Children over five years of age, who have never learned to walk, who still cannot feed or otherwise care for themselves, can very rarely be benefited by treatment.

Third, he must be recommended by the Chief Surgeon. He must have a condition which can be cured or corrected to such an extent as to render the child self-supporting in after life. This requirement necessitates a thorough preliminary examination by the surgeon before the child is admitted for treatment or operation.

Fourth, he must have an application signed properly and filed and signed by a physician. This card for the family and two of the child and a doctor's certificate stating that the child is of sound mind and giving his diagnosis of the condition.

Fifth, the parent or guardian must sign an agreement with the hospital to surrender the child to be treated as its officials deem best in the interest of the child, and to provide railroad fare to and from the hospital. The parents or guardians must be financially unable to pay for the treatment of the child.

Shriners' Hospitals are entirely devoted to orthopedic correction and cure, but every child admitted is carefully examined for other minor handicaps such as diseased tonsils, depleted vision, and bad teeth. Where such conditions exist, outside specialists attend to these matters, free, or at a merely nominal charge to the unit. In recent years, the hospitals have been equipped with physiotherapy pools which are great aids in dealing with victims of infantile paralysis.

In addition to the ward service, an out-patient department is maintained where contact with discharged cases is carried on through a careful follow-up system, and treatment is given to local children not requiring hospitalization. No set time is fixed for the child's stay in the hospital, but it is the hospital's policy to maintain an active surgical unit rather than a convalescent home.

The Shriners' Hospital for Crippled Children at Springfield was opened on February 21, 1925 with a capacity of sixty-five beds. Instruction is given here to about twenty pupils to afford opportunity for them to keep up with the school work. Teachers are furnished by the Board of Education of Springfield. The teachers give class and bedside

With the parent or guardian and with an agreement with the hospital to surrender the child to be treated on the child's best in the interest of the child, and to provide medical care to and from the hospital. The parent or guardian must be financially unable to pay for the treatment of the child.

Children, Hospital and children devoted to orthopedic correction and care, but every child admitted is carefully examined for other physical handicaps such as blindness, deafness, crippled vision, and bad teeth. When such conditions exist, outside specialists attend to these matters, first, or at a later normal change to the child. In recent years, the hospital have been equipped with physiotherapy pools which are great aids in dealing with victims of infantile paralysis. In addition to the ward service, an out-patient department is maintained where contact with diagnosed cases is carried on through a carefully follow-up system, and treatment is given to local children not requiring hospitalization. No set time is fixed for the child's stay in the hospital, but it is the hospital's policy to maintain an active surgical unit rather than a convalescent home.

The Children's Hospital for Crippled Children at Springfield was opened on February 11, 1922 with a capacity of fifty-five beds. Instruction is given here to about twenty pupils to afford opportunity for them to keep up with the school work. Teachers are furnished by the Board of Education of Springfield. The teachers give class and bedside

instructions, so that no time is lost in the mental development of the crippled children. Instruction is given in play, and manual dexterity is encouraged to bring atrophied muscles into action.

The personnel of the hospital includes a full time Occupational Therapist, and two Physiotherapists. The Chief Surgeons at Shriners' Hospitals, consisting of five of the foremost specialists in the Orthopedic surgery¹, who give freely of their time and experience without money, are appointed by the Board of Trustees on the recommendation of the Advisory Board of Orthopedic Surgeons. The Director of Nursing recommends, and the Local Board of Governors appoints the Superintendent in charge of each Hospital. Each Superintendent is a graduate nurse² of ability as an organizer, since her discipline among the nurses and attendants is the deciding factor for success or failure after the surgeon has done his work. The Shriners' Hospital at Springfield does not have a training school, but employs six graduate nurses and sixteen young women as attendants who assist in the care of the patients. The Shriners' Hospitals for Crippled Children furnish employment to about six hundred people.³

¹Annual Report Shriners' Hospital, 1933, p. 5.

²Ibid, p. 5.

³Ibid, p. 5.

instruction, so that as time is lost in the mental development of the child, instruction is given in play, and manual dexterity is encouraged to bring muscular control into play.

The personnel of the hospital includes a full time Occupational Therapist, and two Physiotherapists. The Chief Surgeon at Children's Hospital, consisting of two of the foremost specialists in the Orthopedic surgery, who give freely of their time and experience without remuneration, are assisted by the Board of Trustees on the recommendation of the Advisory Board of Orthopedic Surgeons. The Director of Nursing receives, and the Local Board of Governors appoints the Superintendent in charge of each Hospital. Each Superintendent is a graduate nurse¹ of ability as an organizer, since her discharging among the nurses and attendants in the hospital factor for success or failure after the surgeon has done his work. The Children's Hospital at Fort St. Vrain does not have a training school, but employs six graduate nurses and sixteen graduate women as attendants who assist in the care of the patients. The Children's Hospital for crippled children through cooperation of about six hundred people.²

¹ Annual Report Children's Hospital, 1935, p. 5.

² Ibid., p. 5.

³ Ibid., p. 5.

The hospital at Springfield, like all Shriners' Hospitals, has greatly suffered during the depression because of the loss of members. As these hospitals are supported by a two dollar assessment on each member, the reduction in membership has been keenly felt.

Because of the lack of employment in the past few years, the waiting list at each Shriners' Unit has increased. Many families who would have scorned the assistance of outsiders a short time ago, apply for help at the hands of the Nobles of the Mystic Shrine.¹ Nearly two thousand unfortunate children were reported in 1934 as waiting for their turn to be made whole. In some cases delay retards the chance of complete recovery. Emergency cases² are given preference and attended to at once; but delayed cases often become incurable for in the older child the bones harden, and the muscles become more stubborn in their crookedness.

To insure the permanence of the Shriners' Hospitals local endowment funds³ have been established in a majority of the cities in which the hospitals are located, for the convenience of those who wish to leave moneys for the benefit of each Unit located therein. Where Endowment Depositories have not as yet been established, and moneys are left to the

¹Annual Report Shriners' Hospital, 1934, p. 9.

²Ibid, p. 11.

³Annual Report Shriners' Hospital, 1933, p. 11.

The Hospital at Birmingham, 11 to 15th March 1934.
 Hospital, has greatly suffered during the depression because
 of the loss of patients. As these hospitals are supported by
 a few dollar payment on each patient, the reduction in
 membership has been considerable.

Because of the lack of employment in the past few
 years, the waiting list at each Hospital has increased.
 Many families who could have secured the assistance of out-
 patient treatment, are now forced to help at the home of the
 patient or the patient's family. Twenty-two thousand outpatients
 children were reported in 1934 as waiting for their turn to be
 made whole. In some cases delay retards the chance of complete
 recovery. In other cases, the given treatment and attention
 to be given; but delayed cases often become incurable for in the
 other child the bones soften, and the muscles become more
 atrophied in their growth.

To insure the performance of the Hospital, Hospital
 local endowment funds have been established in a majority of
 the cities in which the hospitals are located. For the
 convenience of those who wish to leave money for the benefit
 of each Hospital, the Hospital has established a Hospital
 Have not as yet been established, and money is left to the

Annual Report Birmingham Hospital, 1934, p. 9.

ibid., p. 11.

Annual Report Birmingham Hospital, 1935, p. 11.

hospital so-located, they are deposited in the Shriners' general Endowment Fund in The Chase National Bank of the City of New York¹ to the credit of the particular hospital mentioned, until such time as a Local Endowment Fund is established. The hospitals designated receive the benefit. Besides the general and Local Endowment Fund, each Unit maintains a Contribution and Donation Account in a Depository to take control of moneys given for special purposes² or for the use and maintenance of the Unit.

During the past few years an increased number of legacies both large and small have been received from those who had the interest of childhood at heart. However small the amount, they are gratefully received.

¹Annual Report of Sol-a-Mar, 1927-1934, p. 1.

²Ibid, p. 1.

¹Ibid, p. 1.
¹Annual Report of the Shriners' Hospital for Crippled Children, 1933, p. 11.

²Ibid, p. 11.

hospital so located, they are deposited in the Unit's
General Endowment Fund in the Chase National Bank of the City
of New York to the credit of the particular hospital
mentioned, until such time as a local Endowment Fund is
established. The hospitals designated receive the benefit.
Besides the General and Local Endowment Funds, each Unit
maintains a Contribution and Donation Account in a Depository
to take control of money given for special purposes or for
the use and maintenance of the Unit.

During the past few years an increased number of
letters both large and small have been received from those
who had the interest of childhood at heart. However small
the amount, they are gratefully received.

Sol - e - Mar

(Portuguese - "Sun and Sea")

In June, 1922,¹ Miss Amelia H. Jones of New Bedford² offered to St. Luke's Hospital of the same city for a convalescent hospital for crippled children her farm in South Dartmouth which had belonged to the Jones' family³ for many years. The offer including a sum of money adequate to maintain the proposed institution was accepted, and, in accordance with the wishes of Miss Jones, the hospital was organized as a branch of St. Luke's Hospital under the direction of a Board of Managers appointed by the Trustees of St. Luke's, but not necessarily composed of members of the Board. The first Board of Managers was appointed September 24, 1923 and the hospital opened in the early part of June, 1924.⁴ Miss Jones named the hospital "Sol-e-Mar", the Portuguese for "Sun and Sea". The endowment fund⁵, placed in the hands of the finance committee of Sol-e-Mar, and the treasurer of St. Luke's Hospital, has been kept as an independent fund and the income devoted solely to the support of Sol-e-Mar.

¹Annual Report of Sol-e-Mar, 1929-1934, p. 1.

²Ibid, p. 1.

³Ibid, p. 1.

⁴Ibid, p. 5.

⁵Ibid, p. 1.

Sol-e-Mar - Mar

(Portuguese - "Sun and Sea")

In June, 1922,¹ Miss Annie H. Jones of New Bedford
 offered to St. Luke's Hospital of the same city for a considerable
 sum of money for a building for the hospital in South Westport
 which had belonged to the Jones' family for many years. The
 offer involving a sum of money adequate to maintain the pro-
 posed institution was accepted, and in accordance with the
 wishes of Miss Jones, the hospital was organized as a branch of
 St. Luke's Hospital under the direction of a Board of Managers
 appointed by the Trustees of St. Luke's, but not necessarily
 composed of members of the Board. The first Board of Managers
 was appointed September 22, 1922 and the hospital opened in the
 early part of June, 1924.² Miss Jones named the hospital
 "Sol-e-Mar", the Portuguese for "Sun and Sea". The endowment
 fund, formed in the name of the Finance Committee of
 Sol-e-Mar, and the Treasurer of St. Luke's Hospital, has been
 kept as an independent fund and the income devoted solely to
 the support of Sol-e-Mar.

¹ Annual Report of Sol-e-Mar, 1922-1924, p. 1.

² Ibid, p. 1.

³ Ibid, p. 1.

⁴ Ibid, p. 1.

⁵ Ibid, p. 1.

Previous to the gift of Sol-e-Mar, Dr. William R. MacAusland of Boston¹ had conducted a weekly orthopedic clinic at St. Luke's Hospital.² The number of cases at this clinic needing surgical care and long periods of carefully supervised after-treatment revealed the necessity for a place where the children could remain for convalescent care. To fulfill such a need, a summer camp was opened on the farm of Miss Jones³ under the direction of Dr. William A. Nield.⁴ This Sol-e-Mar was a natural growth from the camp.

The hospital is located on a tract of meadow and woodland of one hundred sixty-six acres, on the beautiful shores of Buzzard's Bay, South Dartmouth, about three miles from New Bedford.⁵ In 1924 the administration building, boiler house, two ward pavillions, and the school rooms were opened, giving accommodations for the care of about twenty-two boys and twenty-two girls, between the ages of four and fourteen years. In 1931 a babies' ward was added, bringing the total capacity of the institution up to eighty beds. At this time, also an observation ward, a six-bed isolation ward, and additional rooms for nurses were opened. The three main wards of Sol-e-Mar are all of the same type of construction, surrounded by wide porches of cement, partly screened and

¹Annual Report of Sol-e-Mar, 1929-1934, p. 1.

²Ibid , p. 1 .

³Ibid , p. 1 .

⁴Ibid , p. 1 .

⁵Ibid , p. 3 .

Review to the Gift of Sol-e-Mar, Dr. William B. Massachusetts of Boston, had conducted a weekly orthopedic clinic at the State Hospital. The number of cases at this clinic reaching medical care and long periods of carefully supervised after-treatment revealed the necessity for a place where the children could remain for convalescent care. To fulfill such a need, a summer camp was opened on the farm of Miss Jones under the direction of Dr. William A. Field. This Sol-e-Mar was a natural growth from the camp.

The hospital is located on a tract of seven and woodland of one hundred sixty-six acres, on the beautiful shores of Buzzards Bay, South Dartmouth, about three miles from New Bedford. In 1924 the administration building, boiler house, two ward pavilions, and the school room were opened, giving accommodations for the care of about twenty-two boys and twenty-two girls, between the ages of four and fourteen years. In 1921 a babies' ward was added, bringing the total capacity of the institution up to eighty beds. At this time, also an observation ward, a sleep isolation ward, and additional rooms for nurses were opened. The three main wards of Sol-e-Mar are all of the same type of construction, surrounded by wide porches of cement, partly screened and

Annual Report of Sol-e-Mar, 1922-1924, p. 1.

Field, p. 1.
Field, p. 1.
Field, p. 1.
Field, p. 1.

roofed, so that even in the most stormy weather, regardless of the direction of the wind, the beds can be safely pulled out into the open air.¹

On the third floor of the hospital is a surgical unit, and an X-ray room. Patients are admitted from orthopedic clinics of St. Luke's Hospital, but operations are performed and other surgical treatment is given at the latter place.

The gift of land for Sol-e-Mar Hospital included with the farm, a farm house and four buildings. One of the latter, the "Three Sisters Cottage",² built before 1800³, was furnished and put in perfect condition by Miss Jones, to be used solely for rest and recreation by the nurses of Sol-e-Mar and St. Luke's. On the farm poultry, eggs, and vegetables are raised abundantly. A tubercular tested herd by a registered Guernsey bull is maintained here, and milk of best quality is furnished, not only to Sol-e-Mar but also to St. Luke's in New Bedford.

At the opening in 1924⁴ Miss Ross, the superintendent, admitted seven children and by the middle of August, thirty-six were being cared for. Total admissions up to January 31, 1934 amounted to three hundred eighty-eight. The length of stay has varied from a few months to over seven years. In the last

¹Annual Report of Sol-e-Mar, 1929-1934, p. 3.

²Ibid, p. 9.

³Ibid, p. 9.

⁴Ibid, p. 5.

rooted, so that even in the most stormy weather, regardless of the direction of the wind, the beds can be safely pulled out into the open air.¹

On the third floor of the hospital is a surgical

unit, and an X-ray room. Patients are admitted from orthopedic clinics of St. Luke's Hospital, but operations are performed and other surgical treatment is given at the latter place.

The gift of land for Sol-e-Mar Hospital included

with the farm, a farm house and four buildings. One of the latter, the "Three Sisters Cottage",² built before 1880,³ was furnished and put in perfect condition by Miss Jones, to be

used solely for rest and recreation by the nurses of Sol-e-Mar and St. Luke's. On the farm poultry, eggs, and vegetables are raised abundantly. A tuberculosis tested herd by a registered Guernsey bull is maintained here, and milk of best quality is furnished, not only to Sol-e-Mar but also to St.

Luke's in New Bedford.

At the opening in 1934⁴ Miss Rose, the superintendent, admitted seven children and by the middle of August, thirty-six were being cared for. Total admissions up to January 31, 1934 amounted to three hundred eighty-eight. The length of stay has varied from a few months to over seven years. In the last

¹ Annual Report of Sol-e-Mar, 1933-1934, p. 3.

² Ibid, p. 9.

³ Ibid, p. 9.

⁴ Ibid, p. 5.

five years, ninety-eight thousand two hundred five days of care have been given, of which fifty-nine thousand two hundred sixty-six were free. Lamp treatments have numbered seventeen thousand three hundred two and physiotherapy treatments six thousand five hundred sixty-one. Thirty-nine patients have been discharged.

The purpose of the hospital, Sol-e-Mar, is to help crippled children to overcome their physical handicaps and also to enable them to become useful citizens through supervision of the highest type and the enjoyment of a happy, healthy environment.¹

Sol-e-Mar is open to any child of New Bedford and adjacent towns between the ages of two and fourteen years who is in need of treatment that will restore him to a normal condition. It will receive any child suffering from tuberculosis joints, rickets, infantile paralysis, or other bone and joint afflictions which can be improved by constant treatment over a specific period of time.² Children with pulmonary tuberculosis, those with a history of venereal infection, and children that are mentally deficient are not admitted.³

¹Annual Report of Sol-e-Mar, 1924-1929, p. 1.

²Ibid, p. 1.

³Massachusetts, Final Report of Dept. of Public Welfare, House No. 401, 1931, p. 38.

The treatment for the crippled children includes outdoor life, sun exposure, Alpine lamp treatment in the winter, diet, rest, massage, and physical exercise. Daily corrective treatment is given by a graduate nurse to children for whom such exercises are needed. In the summer exercises in the salt water are given, as this form of treatment is especially recommended by the doctors for children with infantile paralysis.

The education of the children is given careful attention, and all those who are able, including the bed patients, attend school daily. On occasions there have been as many as forty children able to attend school at one time. Teachers are supplied by the City of New Bedford¹ and the Town of Dartmouth.² The physical director of the New Bedford school department supervises the play activities. Instruction in vocations,³ music, religion, and arts and crafts is provided, so that a full constructive program is carried out each year.

Sol-e-Mar Hospital has just completed its twelfth year of healthy growth and usefulness. The credit for the good work is due to the Medical Staff, the Superintendent, and the nurses for their efficient help and cooperation in bringing

¹Annual Report of Sol-e-Mar, 1929-1934, p. 3.

²Ibid, p. 3.

³Ibid, p. 3.

The treatment for the crippled children includes outdoor life, sun exposure, Alpine hay treatment in the winter, diet, rest, massage, and physical exercises. Daily corrective treatment is given by a graduate nurse to children for whom such exercises are needed. In the summer exercises in the salt water are given, as this form of treatment is especially recommended by the doctors for children with infantile paralysis.

The education of the children is given careful attention, and all those who are able, including the feeble-minded, attend school daily. On occasions there have been as many as forty children able to attend school at one time. Teachers are supplied by the City of New Bedford¹ and the Town of Dartmouth.² The physical director of the New Bedford school department supervises the play activities. Instruction in vocational, music, religion, and arts and crafts is provided, so that a full constructive program is carried out each year.

Bel-a-Mor Hospital has just completed its twelfth year of healthy growth and usefulness. The credit for the work is due to the Medical Staff, the Superintendent, and the nurses for their efficient help and cooperation in bringing

¹Annual Report of Bel-a-Mor, 1933-1934, p. 13.

²Ibid., p. 13.

³Ibid., p. 13.

health and happiness to the children. The Hospital Staff consists of the President, Daniel P. O'Brien, M.D.,¹ Vice-President and Medical Director, Frank M. Howes, M.D.,² Secretary Edwin D. Gardener, M.D.,³ and physicians and surgeons with assisting Staff. Besides there is an Ophthalmologist, Otorhinolaryngologist, Neurologist, Roentgenologist, Dental Surgeon, Pediatrician, Visiting House Physician, and a Superintendent, Miss A. H. English, R.N. The nursing force consists of a supervising nurse, and a graduate registered nurse on each of three wards with attendants working under their direction. An important member of the personnel is a social worker⁴ who investigates the home conditions of each patient, the apparent need for treatment, and also follows up each patient after he leaves the Hospital.

The Hospital like many others has suffered in the depression. Money is needed for apparatus and many other necessities. The help of interested friends has been given generously in small ways, but additional endowment should be forthcoming.

¹Annual Report of Sol-e-Mar, 1929-1934, p.12.

²Ibid, p. 12.

³Ibid, p. 12.

⁴Ibid, p. 3 .

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

Berkshire School for Crippled Children

Special interest in work for crippled children in Berkshire County dates back to 1906, when Dr. Frederick S. Coolidge started an Orthopaedic Clinic at the House of Mercy Hospital in Pittsfield. Continued after his death in 1914 by Dr. MacAusland, it rendered increasing service through several severe epidemics of Infantile Paralysis. So great was the need for continuation of care for crippled children that the Berkshire County Society for the Care of Crippled Children was formed. In 1917 this society was able to plan for a school for crippled children by the gift of a house called Sprague Cottage at 484 West Street, Pittsfield, from Mrs. Frederick S. Coolidge.¹ On the grounds a summer camp for fourteen crippled children was held with such gratifying results that continuance as a permanent home was recommended. A money gift from Mrs. Coolidge² of \$50,000 toward an endowment enabled the Society to establish this work permanently. At the beginning of 1918, Mrs. Coolidge aided further in establishing the work on a firm footing. She offered to the Society "Upway Field"³, a beautiful, large, modern stucco house, about a half mile from the centre of the city, receiving the city water, light, etc.,

¹ Annual Report of the Berkshire County Society for the Care of Crippled and Deformed Children, 1919, p. 9.

² Ibid, p. 11.

³ Ibid, p. 11.

Report of the Board of Directors

Special interest in work for crippled children in

Berkshire County dates back to 1906, when Dr. Frederick B.

Goodridge started an orthopedic clinic at the home of Mary

Goodridge at Pittsfield. Continued after his death in 1914 by

Dr. Macmillan, it rendered increasing service through several

years of service of Dr. Macmillan. No great was the

need for continuation of care for crippled children that the

Berkshire County Society for the Care of Crippled Children was

formed. In 1917 this society was able to give to a school

for crippled children by the gift of a house called Sprague

Cottage at 484 West Street, Pittsfield, from Mrs. Frederick B.

Goodridge.¹ On the grounds a summer camp for fourteen crippled

children was held with such gratifying results that continuance

as a permanent home was recommended. A money gift from Mrs.

Goodridge² of \$50,000 toward an endowment enabled the Society

to establish this work permanently. At the beginning of 1918

the Goodridge added further in establishing the work on a firm

foundation. The effort to the Society "Upway Field", a

beautiful, large, modern stone house, about a half mile from

the center of the city, receiving the city water, light, etc.,

and

and

and

¹Annual Report of the Berkshire County Society for the Care of

Crippled and Deformed Children, 1919, p. 8.

²1919, p. 11.

³1919, p. 11.

and having all the advantages of up-to-date accessories. Together with this gift went about forty acres of ground¹ with several acres in lawn. Besides these gifts, Mrs. Coolidge has contributed toward the endowment fund of \$150,000.² This fund is held in trust by the Pittsfield National Bank, the interest on which is to be paid to the Society each year to assist in carrying on its work.

The second camp, opened in July 1918 admitted twenty-four boys. The camp was situated in front of "Upway Field" on a broad expanse of lawn, and the staff occupied the house that was to be the future school and home for crippled children. Thus was the work inaugurated which the society has assumed as the task of converting the economic waste of crippled child into perfect manhood and womanhood in the hope that these children will become useful members of society and good citizen. The object of the Berkshire School for Crippled Children is³ to restore these unfortunate little ones, as far as possible, physically; to educate them, to train them industrially to overcome the dreadful handicap under which they face life - to give them a fair chance, and to develop the child into a self-supporting and responsible citizen.

¹Annual Report Berkshire County Society for Care of Crippled and Deformed Children, 1919, p. 11.

²Ibid, p. 11.

³Ibid, p. 13.

and having all the advantages of up-to-date engineering. Further with this gift worth about forty acres of ground, with several acres in lawn, besides these gifts, the Eccles has contributed toward the endowment fund of \$100,000. This fund is held in trust by the Eccles National Bank, the interest on which is to be paid to the Society each year to assist in carrying on its work.

The school camp, opened in July 1910 admitted twenty-four boys. The camp was situated in front of "Ugway House" on a broad expanse of lawn, and the staff comprised the house staff and the sports school and home for crippled children. This was the work inaugurated which the Society has assumed as the task of converting the economic waste of crippled child into perfect members and workmen in the hope that these children will become useful members of society and good citizens. The object of the Berkshire School for Crippled Children is to restore these unfortunate little ones, as far as possible, to the normal life, to educate them, to train them industrially to overcome the physical handicap under which they have labored - to give them a new life, and to develop the child into a self-supporting and responsible citizen.

Annual Report Berkshire County Society for Care of Crippled and Deformed Children, 1919, p. 11.

1914, p. 11.

1915, p. 12.

At present the admission is limited to crippled boys of normal mentality preferably under the age of twelve. No fees are required of those unable to pay, but \$360. is the yearly fee for children whose parents can afford to pay. Children are admitted without regard to creed, and are allowed to attend their own churches at suitable intervals.

The Academic Department of the school was opened July 1, 1918¹. The large east room of the first floor chosen as a school room was ideal because of the ventilation and good lighting. The desks used, known as the Moulthrop adjustable,² were the best obtainable, being movable and adjustable in three directions; but their use has shown that a special model should be devised especially for these crippled boys.

The enrollment on July 1, 1918 was nineteen and on June 1, 1919, thirty. The department started by placing the boys in the grade which best suited ~~their~~ training and mentality. Some boys were found to be in one grade in reading, and in another grade in arithmetic, so that the training became strictly individual. This necessitated a school of eight grades, and this grading has continued throughout the years.

¹Report of Berkshire Crippled Children's Society, 1919, p. 30.

²Ibid, p. 31.

At present the admission is limited to orphaned boys
of normal mentality previously under the age of twelve. No
more is reported of those unable to pay, but \$250. in the
yearly fee for children whose parents can afford to pay.
Children are admitted without regard to creed, and are allowed
to attend their own churches at suitable intervals.

The Academic Department of the school was opened
July 1, 1918. The large east room of the first floor chosen
as a school room was ideal because of the ventilation and good
lighting. The desks used, known as the "Horseshoe" type,
were the best obtainable, being movable and adjustable in three
directions; but their use has shown that a special model should
be devised especially for these orphaned boys.

The enrollment on July 1, 1918 was nineteen and on
June 1, 1919, thirty. The Department wanted by placing the
boys in the grade which best suited their training and mentality.
Some boys were found to be in one grade in reading, and in
another grade in arithmetic, so that the training became
strictly individual. This necessitated a school of eight
grades, and this grading has continued throughout the year.

The following table shows the enrollment for each grade on June 1, 1919:

Grade	1	2	3	4	5	6	7	8
No. of Pupils	2	4	10	1	4	2	0	7

The 6-3-3 plan¹ is now used in the Berkshire School. The course of study follows those in use in the large educational centers of the state. Daily use shows that this course must be elastic, as the crippled boys are more easily fatigued than normal boys. They cannot be kept at their studies too long. The small classes, however, and in many cases, the superior ability of these boys allow them to keep up with the public school students and in most cases to outstrip them.

In order to give the boys the right education for their mentality, they are tested mentally upon entering. The tests used are the Binet-Simon-Terman Revision Tests² and also several performance tests of Dr. Healey.³ The supervisors found three feeble-minded boys; (two were imbeciles, and one a high-grade moron of the neurotic type) who were not kept in residence.⁴ The other boys are normal mentally, and some are

¹Annual Report of the Berkshire Crippled Children's Society, 1919, p. 31.

²Ibid, p. 34.

³Ibid, p. 34.

⁴Ibid, p. 34.

The following table shows the enrollment for each grade on June 1, 1915:

Grade	No. of Pupils
1	2
2	4
3	1
4	4
5	2
6	0
7	0
8	0

The 6-8 plan is now used in the Berkshire School. The course of study follows those in use in the large educational centers of the state. It is now shown that this course must be adjusted, as the children have more easily learned than normal boys. They cannot be kept at their studies too long. The small classes, however, and in many cases, the superior ability of these boys allow them to keep up with the public school students and in most cases to outstrip them.

In order to give the boys the right education for their mental, they are tested mentally upon entering. The tests used are the Binet-Simon-Terman Revision Tests, and also several performance tests of Dr. Hall. The supervisor found three feeble-minded boys, two were labeled as such, and one a high-grade moron of the neurotic type who were not left in residence. The other boys are normal mentally, and some are

Annual Report of the Berkshire Graded Children's Society,
1915, p. 21.
1916, p. 22.
1917, p. 23.
1918, p. 24.
1919, p. 25.

super-normal, these latter testing from one to two years above their physical age.¹

The test-books used in instruction are the best obtainable, care being taken to have them modern, but based on sound pedagogical principles. Some of the text books used are:

Aldine System of Reading
Aldine System of Language
Stone-Millis Arithmetic
New World Spellers
Tarr and McMurry Geographies
Gulich's Physiologies
New Educational Music Readers
Eggleston's History
Montgomery's History
Clark's System of Writing (based on a muscular
arm movement)

The allotment of time for school studies is as follows:²

9.00 - 9.15	Chapel
9.15 - 10.30	Upper School (Gr. 4, 5, 6, 7, 8)
10.30 - 10.45	Recess
10.45 - 11.45	Upper School
3.00 - 4.00	Lower School (Gr. 1, 2, 3)
4.00 - 4.15	Recess
4.15 - 5.00	Lower School

There are many special activities at the Berkshire School. A chorus including all the boys in the school sings each morning at Chapel. To teach the boys the value of money

¹Annual Report of Berkshire Crippled Children's Society, 1919, p. 34.

²Ibid, p. 33.

super-normal, these latter testing from one to two years above their physical age.

The test-books used in instruction are the best obtainable, care being taken to have them modern, but based on sound pedagogical principles. Some of the text books used are:

- Alpine System of Reading
- Alpine System of Language
- Stone-Williams Arithmetic
- New World Spellers
- Text and Memory Geography
- Children's Geography
- New International Bible Readers
- McGuffey's History
- Montgomery's History
- Clark's System of Writing (based on a manual and movement)

The allotment of time for school studies is as follows:

Chapel	9.00 - 9.15
Upper School (Gr. 4, 5, 6, 7, 8)	9.15 - 10.30
Recess	10.30 - 10.45
Upper School	10.45 - 11.45
Lower School (Gr. 1, 2, 3)	11.45 - 1.00
Recess	1.00 - 1.15
Lower School	1.15 - 2.00

There are many special activities at the Berkshire School. A chorus including all the boys in the school sings each morning at Chapel. We teach the boys the value of money

and the budgeting of their allowances, a bank, called the Upland Field Bank has been started.¹ The printing of a small school paper² has been made possible by the gift of a fine press by Miss Kate Carey and Dr. W. N. Bullard.³ Mr. William Root, head of the Eagle Printing and Binding Company⁴ has been much interested in the boys so that he offered to teach them without charge. Each boy has entire charge of a garden 20' x 5' for beans, corn, beets, tomatoes, and radishes. The ambition of every boy is to help raise enough vegetables to supply the school through the winter. During July and August no academic study is planned, but each boy is occupied the usual hours with different occupations such as shoe cobbling, basketry, rug making, weaving, chair caning, and gardening.⁵

The question confronting the academic department is what training shall be given the seven eighth grade boys who are ready for the last year of the Junior High. If the right kind of correlation is to be between the Industrial and Academic Departments, subjects must be offered which necessitate

¹Annual Report of Berkshire Crippled Children's Society, 1919, p. 34.

²Ibid, p. 34.

³Ibid, p. 34.

⁴Ibid, p. 34.

⁵Ibid, p. 34.

special recitation rooms and laboratories. The present quarters are too small even for the grades, not to speak of the Junior High. It is necessary to have a school building and an adequate teaching force.

The Industrial Department¹ at Berkshire School aims to teach crippled children to be industrious and not lazy. Aside from this, the development of an Industrial Department is important in that it aids the children in the selection of a future industrial trade. At present the entire labors are devoted to toy industry. It is hoped later on to incorporate bookbinding and leather work, printing, stenography, cabinet making, designing, drawing, and all kinds of farm work.² The development of these in addition to the toy industry is not thought wise until the boy reaches the selective period; i.e., about fourteen years of age, when he can choose from a number of different trades.

Between the ages of six and fourteen the crippled child is too young to learn a trade, even to decide what he can best do. There are many occupations that he can be taught, which are good in themselves, but not related. The making of a toy, however, calls upon a large number of co-ordinated powers.

¹Annual Report of Berkshire Crippled Children's Society, 1919, p. 25.

²Ibid, p. 25.

special residential rooms and laboratories. The present quarters are too small even for the grades, not to speak of the Junior High. It is necessary to have a school building and an adequate heating system.

The Industrial Department of Berkshire School aims

to teach crippled children to be industrious and not lazy.

Aside from this, the development of an Industrial Department

is important in that it aids the children in the selection of

a future industrial trade. At present the entire income is

devoted to toy industry. It is good later on to incorporate

woodworking and leather work, printing, stamping, cabinet

making, designing, drawing, and all kinds of farm work.

The development of these in addition to the toy industry is not

thought wise until the boy reaches the selective period; i.e.,

about fourteen years of age, when he can choose from a number

of different trades.

Between the ages of six and fourteen the crippled

child is too young to learn a trade, even to decide what he can

best do. There are many occupations that he can be taught,

which are good in themselves, but not related. The making of

a toy, however, calls upon a large number of co-ordinated powers.

Annual Report of Berkshire Crippled Children's Society,

1919, p. 25.

1919, p. 25.

Primarily, it is constructive, including the principles of carpentry, the knowledge of wood and the handling of tools, the taste for which is instinctive with every boy. Form, color, and design are taught, with a high standard of execution to instil in the boys' minds the real value of a well-made toy. The toy shop was opened at the School for Crippled Children the last of June, 1918 for the educational as well as the industrial value. Bird houses, camouflaged with bark and paint, waste paper baskets, mail boxes, animals on rockers and wheels are among articles made.

Miss Alice L. Lewis of Providence¹ is directly in charge of the work of the toy department. Her versatile training makes her adept, for she has had three years' study abroad, has taught manual training in Providence, and has had practical experience in the manufacture of toys connected with the Arts and Crafts Society in Boston, Providence, and Philadelphia.²

To the older boys pre-vocational training is given. The power-driven machines³ have been installed for metal work: a 13" engine lathe with all attachments, speed lathe, drill press, power back saw, and emery grinding wheels. These machines are driven by a five-horse power motor.⁴ For hand

¹Annual Report Berkshire Crippled Children's Society, 1919, p.25.

²Ibid, p. 25.

³Ibid, p. 39.

⁴Ibid, p. 39.

Especially, it is conservative, including the principles of
carpentry, the knowledge of wood and the handling of tools, the
basis for which is inductive with every boy. Form, color,
and design are taught, with a high standard of execution to
instill in the boys' minds the real value of a well-made toy.
The toy shop was opened at the Bureau for Gifted Children the
last of June, 1918 for the educational as well as the industrial
value. Bird houses, carved in wood with bark and paint, were
paper boats, mail boxes, animals on wheels and wheels on
among articles made.

Miss Alice A. Lewis of Providence is directly in
charge of the work of the toy department. Her versatile train-
ing makes her adept, for she has had three years' study abroad,
has taught manual training in Providence, and has had practical
experience in the manufacture of toys connected with the Arts
and Crafts Society in Boston, Providence, and Philadelphia.²
To the older boys pre-vocational training is given.

The power-driven machines³ have been installed for metal work:
a 12" engine lathe with all attachments, speed lathe, drill
press, power hack saw, and every grinding wheel. These
machines are driven by a five-horse power motor.⁴ For hand

¹Annual Report Berkshire Gifted Children's Society, 1919, p. 20.

²Ibid., p. 22.

³Ibid., p. 22.

⁴Ibid., p. 22.

work in metal a vise bench with four vises and a forge for blacksmith work have been installed.¹ The power machine for wood-working consists of a circular saw and bench jointer or planer, both these machines being individual motor driven.² The machinery as listed is valued at approximately \$1,600, the cost of installing being about \$400 including shafting, pulleys, belting, and supplies for the overhead set-up and wiring for motors.³

The work of setting up the shop equipment was done almost entirely by the boys under supervision, and they have gained a good knowledge of the methods of building up a shop from the beginning. In the present shop with its equipment, it is possible to follow on a small scale the vocational system, and teach the fundamentals of the various trades. The pupils obtain a practical knowledge of their work under actual shop conditions, the part time system being employed; that is, one week in the school and one week in some one of the adjacent manufacturing plants in the city and at all times under the director of vocational work.

¹Annual Report Berkshire Crippled Children's Society, 1919, p.39.

²Ibid, p. 39.

³Ibid, p. 39.

work in metal. A vice bench with four vices and a large lathe
 placed in the shop have been installed.¹ The power machine for
 wood-working consists of a circular saw and bench jointer or
 planer, both these machines being individual motor driven.²
 The machinery as listed is valued at approximately \$1,500.
 The cost of installing being about \$400 including electric
 piping, setting, and supplies for the overhead set-up and
 wiring for motors.³

The work of setting up the shop equipment was done
 almost entirely by the boys under supervision, and they have
 gained a good knowledge of the methods of building up a shop
 from the beginning. In the present shop with its equipment,
 it is possible to follow on a small scale the vocational
 system, and teach the fundamentals of the various trades.
 The pupils obtain a practical knowledge of their work under
 actual shop conditions, the part time system being employed;
 that is, one week in the school and one week in some one of
 the adjacent manufacturing plants in the city and at all times
 under the direction of vocational work.

¹ Annual Report Berkshire Crippled Children's Society, 1919, p. 12.

² Ibid., p. 12.

³ Ibid., p. 12.

In addition to machine work, printing is taught, a printing press, paper cutter, and composing case with a complete set of type serving as equipment.

There is no reason why all these boys cannot become self-supporting if given the right instruction and attention either in the trades or some business or clerical line for any who are found not adapted to shop conditions.

The Medical Department is carried on under the supervision of Dr. W. Russell MacAusland and Dr. Andrew R. MacAusland of Boston, assisted locally by Dr. Thomas P. Hennelly, Dr. A. P. Merrill, and Dr. George P. Hunt.¹ All teeth are examined, treated, and kept in first-class condition by Dr. Couch.² Tonsils and adenoids are examined by Dr. Blanchard.³

The out-patient clinics are held in connection with the House of Mercy Hospital, Pittsfield.⁴ It is sincerely hoped that sometime a hospital building may be given, to be placed on the school property so that children throughout the county may come here for their operative work, and thus

¹ Annual Report of the Berkshire County Society for the Care of Crippled and Deformed Children, 1919, p. 15.

² Ibid, p. 25.

³ Ibid, p. 25.

⁴ Ibid, p. 15.

In addition to machine work, printing is taught, a

printing press, paper cutter, and composing stick with a

complete set of type serving as equipment.

There is no museum, yet all things boys cannot become

well-instructed in the right direction and attention

either in the trades or some business or clerical line for any

who are really not content to stay conventional.

The Medical Department is carried on under the super-

vision of Dr. W. Russell Macdonald and Dr. Andrew E. Macdonald.

of Boston, assisted locally by Dr. Thomas L. Henshaw,

Dr. A. E. Merrill, and Dr. George F. Hunt. All teeth are

examined, treated, and kept in first-class condition by

Dr. Henshaw. X-rays and all other are examined by Dr.

Macdonald.

The out-patient clinics are held in connection with

the House of Mercy Hospital, situated at 115 North

High Street, Boston. It is especially

noted that no matter how small a hospital building may be, it is

placed on the school property so that children throughout the

county may come here for their operative work, and thus

be kept out of the hands of the underworld.

Annual Report of the Berkshire County Society for the Care

of Orphaned and Destitute Children, 1915, p. 15.

1915, p. 15.

1915, p. 15.

1915, p. 15.

1915, p. 15.

complete the unit of physical aid needed for the crippled children. At present a great deal of the operative work is done at the House of Mercy Hospital.

The nursing department is under the supervision of Marie L. Robinson, a graduate of the Children's Hospital in Boston, who is in charge of the Hygiene of the School.¹

The splendid work being done at the school has been made possible through the generosity of many interested people. Especial mention should be made of Mr. Hanna's generous gift of money to the school, which made possible the addition of two sleeping porches for children and the renovation of Sprague Cottage for the staff. Another generous friend of the School is Mrs. W. Murray Crane who has paid the running expenses of the camp for crippled children each summer and has also defrayed all expenses in carrying on the infantile massage and muscle training clinic, which has aided so much these infantile cases. The needs of the School, however, are many.

The Society wishes to build a dormitory for girls in connection with the Sprague Cottage, which now is used by the staff. The school needs a new gymnasium and play houses.

¹Annual Report of the Berkshire Crippled Children's Society 1919, p. 15.

and for the most of physical and mental for the original
... it is a great deal of the original form
... of the House of Mercy Hospital.
The nursing department is under the supervision of
Miss E. Nicholson, a graduate of the Children's Hospital in
Boston, who is in charge of the Hygiene of the School.
The splendid work being done at the school has been
made possible through the generosity of many interested people.
Special mention should be made of Mr. Hanna's generous gift
of money to the school, which made possible the addition of
two sleeping porches for children and the renovation of
the entire building for the school. Another generous friend of
the school is Mrs. W. Henry, whose wife has been the nursing
expenses of the school for orphan children each year, and has
also received all expenses in carrying on the infantile massage
and waste cleaning clinic, which has aided so many these
infantile cases. The needs of the school, however, are many.
The society wishes to build a dormitory for girls in
connection with the Spence Cottage, which now is used by the
school. The school needs a new gymnasium and play house.

A unit hospital building would be advantageous, if an out-patient department were to be established in the future. If the school keeps the children until fourteen, the introduction of various trades in the curriculum will demand further expenditures. Another practical development in the school will be to have children taught not only toy making, but also the art of teaching toy making and craftsmanship.

number of crippled children in Massachusetts would be of little practical value, and that there should not only be a census but also scientific classification. This classification should be according to the nature and extent of disability, the mentality of the children and their probable future.

The census, scientific classification previously made by the State and privately organized agencies operating by non-state funds from laborers and organizations and experienced over a period of a number of years. The data gathered from the survey were considered helpful in planning and for further study of the problem of the crippled child.

The following schedule was adopted for listing the information required for the survey.¹

The following pages give a summary of the findings concerning the crippled children.

A unit hospital building would be advantageous, it is
out-patient department were to be established in the future.
If the school keeps the children until tomorrow, the
introduction of various trades in the curriculum will become
another important factor. Another possible development in the
school will be to have children taught not only boy making,
but also the art of teaching boy making and craftsmanship.

CHAPTER III

(A)

STATISTICS OF CRIPPLED CHILDREN IN MASSACHUSETTS

Introduction

In organizing the work of the State survey, it was realized from the first that the simple enumeration of the number of crippled children in Massachusetts would be of little practical value, and that there should not only be a census but also scientific classification. This classification should be according to the nature and extent of disability, the mentality of the children and their probable future.

The close, scientific facts previously made by the State and by privately organized agencies were regarded as data from laboratory observation and experience over a period of a number of years. The facts gathered from the survey were considered helpful as guidance and basis for further study of the problems of the crippled child.

The following schedule was adopted for listing the information required for the survey.¹

The following pages give a summary of the findings concerning the crippled children.

¹Massachusetts, Department of Public Welfare, Bulletin, House, No. 401, 1931, p.p. 14-15.

CHAPTER III

(A)

STATISTICS OF CRIMINALS IN MASSACHUSETTS

Introduction

In organizing the work of the State survey, it was

realized from the first that the simple enumeration of the
number of criminally minded persons in Massachusetts would be of little
practical value, and that there should not only be a census
but also scientific classification. This classification
should be according to the nature and extent of delinquency,
the mentality of the offender and their probable future.

The close, scientific facts previously noted by the

State and by privately organized agencies were regarded as
data from laboratory observation and experience over a period
of a number of years. The facts gathered from the survey
were summarized helpful as evidence and basis for further
study of the criminal of the criminally minded.

The following schedule was adopted for listing the

information required for the survey.

The following pages give a summary of the findings

concerning the criminally minded.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE
Survey of Crippled Children

NameSex.....Color.....Age.....

Residence.....Date of Birth.....

Father's name.....Occupation.....

Mother's name.....Occupation.....

Date.....Reported by.....

DISABILITY APPEARS TO BE.....Duration.....

Involving.....

Cause.....

Permanent.....Improvable.....Temporary.....Progressive.....

Ambulatory (with) (without) support
(Specify kind)

Defective-- sight.....hearing.....speech.....

Has.....attended school. Grade.....
(Physically.....

Able to attend public school
(Mentally

(Treatment.....How long.....

Receiving

(Education.....How long.....

Why not.....

Present treatment adequate?.....

Can family provide for...Treatment...Education...Support.....

Probably economic future under appropriate care and education Good...Fair...Unpromising....

Remarks _____

Date _____ Examined by _____

DEPARTMENT OF MASSACHUSETTS
BUREAU OF PUBLIC HEALTH
Bureau of Child Hygiene

Name
Address
Date of birth
Mother's name
Father's name
Date reported by
DISABILITY ATTENDS TO
Involvement
Cause
Treatment
Prognosis (with) (without) report
(Specify time)
Defective - sight
Hearing
Speech
Intellectual
Social
Able to attend public school
(Specify)
Treatment
Prognosis
(Specify)
Treatment
Prognosis
Can family provide for treatment
Treatment
Prognosis
Probably economic future under
appropriate care and education
Good Fair Improving

Remarks

Examined by

Date

Number and Care of Crippled Children
Data Concerning 1,034 Crippled Children

Institutional

According to the statistics of the Department of Public Welfare there are one thousand and thirty-four children in Massachusetts¹ who are listed as institutional cases. These children were receiving care in institutions other than hospitals for acute diseases.

Distribution in Institutions

In the hospital schools there are about three hundred and seventy-four children² located in the Massachusetts Hospital School, the New England Peabody Home for Crippled Children, and the Berkshire School for Crippled Children.³

One hundred and fifty-seven⁴ were in a day school for cripples, where their medical and surgical conditions were being carefully supervised. At present the Industrial School for Crippled and Deformed Children, is one such school in Boston, Massachusetts. One hundred and eighty-one were in institutions for feeble-minded, at the Walter E. Fernald School, the State schools at Wrentham and Belchertown, and the Hospital Cottages in Baldwinsville.

¹Massachusetts Department of Public Welfare, Bulletin, House, No. 401, 1931, p. 31.

²Ibid, p. 31.

³Ibid, p. 31.

⁴Ibid, p. 31.

Number and Date of Certified Children
Noted Concerning 1,000 Certified Children

Industrial

According to the statistics of the Department of Public Welfare there are one thousand and thirty-four children in Massachusetts who are listed as institutional cases. These children were receiving care in institutions other than hospitals for acute illnesses.

Distribution in Institutions

In the hospital schools there are about three hundred and seventy-four children located in the Massachusetts Hospital School, the New England Society Home for Orphaned Children, and the Berkshire School for Orphaned Children.³ One hundred and fifty-seven⁴ were in a day school for orphans, where their medical and surgical conditions were being carefully supervised. At present the Industrial School for Crippled and Deformed Children, is one such school in Boston, Massachusetts. One hundred and eighty-one were in institutions for feeble-minded, at the Walter E. Fernald School, the State schools at Wrentham and Hopedale, and the Hospital Cottage in Bridgewater.

¹ Massachusetts Department of Public Welfare, Bulletin, House, No. 501, 1931, p. 31.

²Ibid., p. 31.

³Ibid., p. 31.

⁴Ibid., p. 31.

Four were in institutions for the insane at Gardner and Taunton.¹

Eighty-eight were in the State Hospital for Epileptics² in Monson.

One hundred and thirty-nine were in the State sanatoria for tuberculosis at Lakeville, Westfield and North Reading.³ Here the education is continued so far as the health of the child permits.

Eighty-two were in convalescent homes or hospitals for the chronic sick at the Convalescent Home of the Children's Hospital in Wellesley, Sol-e-Mar in South Dartmouth, the Boston Home for Incurables, the Robert B. Brigham Hospital for Incurables, and the State Infirmary in Tewksbury.⁴

Five children were at the Perkins Institution for the Blind.⁵

Four girls were in a reformatory, the Industrial School for girls in Lancaster.⁶

¹Massachusetts Department of Public Welfare, Bulletin, House, No. 401, 1931, p. 31.

²House No. 401, January 1932, Annual Report, p. 31.

³Ibid, p. 31.

⁴Ibid, p. 33.

⁵Ibid, p. 33.

⁶Ibid, p. 33.

Data Concerning the Entire 6,141 Crippled Children

Causes of Crippling Conditions

The principal causes of crippling conditions among the children in Massachusetts were found to be infantile paralysis, spastic paralysis, congenital deformities, bone and joint tuberculosis, obstetrical paralysis and traumatic deformities. Other causes were osteomyelitis, arthritis, progressive paralysis, and the more severe types of scoliosis.

The following table lists them according to their numbers:-

	<u>Number</u>	<u>Per Cent of Total</u>
Infantile paralysis	2,149	34.99
Spastic paralysis	1,047	17.05
Congenital deformities	741	12.07
Bone and joint tuberculosis	693	11.28
Obstetrical paralysis	504	8.21
Traumatic deformities	292	4.76
Other deformities	215	3.50
Osteomyelitis	162	2.64
Scoliosis	151	2.46
Arthritis	67	1.09
Not diagnosed	64	1.04
Progressive paralysis	<u>56</u>	<u>.91</u>
Total	6,141	100.00 ¹
***	***	***

¹House No. 401, January 1931, Annual Report of Department of Public Welfare, p.p. 20-21.

Table Concerning the Cause of Infantile Paralysis
Cause of Original Condition

The principal causes of crippling conditions among the children in Massachusetts were found to be infantile paralysis, specific meningitis, tubercular deformities, bone and joint deformities, osteitic meningitis and traumatic deformities. Other causes were catarrhitis, arthritis, progressive paralysis, and two more severe types of scoliosis.

The following table lists them according to their

numbers:-

Number	Per Cent of Total	
1,149	34.32	Infantile paralysis
1,047	30.03	Specific meningitis
741	22.07	Tubercular deformities
533	15.98	Bone and joint tuberculosis
404	12.11	Osteitic meningitis
332	9.73	Traumatic deformities
245	7.30	Other deformities
182	5.46	Catarrhitis
151	4.46	Scoliosis
67	1.98	Arthritis
54	1.58	Not classified
33	0.97	Progressive paralysis
1,251	100.00	Total

Data Concerning 5,107 Crippled Children Not in Institutions

There were recorded about five thousand one hundred and seven crippled children in Massachusetts who were listed as home or non-institutional cases.¹ These children were living at home or were temporarily being cared for in hospitals maintaining active surgical units.

Geographic Distribution

There are two counties, namely, Suffolk and Middlesex, which report over 20 per cent each; three counties, Barnstable, Dukes and Nantucket--less than 1 per cent each; and the other nine counties from 1 to 12 per cent each of the 5,107 crippled children in non-institutional.

Geographic Distribution by Counties

Suffolk.....	1,156	Plymouth.....	171
Middlesex.....	1,131	Berkshire.....	155
Worcester.....	605	Hampshire.....	72
Essex.....	551	Franklin.....	65
Hampden.....	496	Barnstable.....	25
Bristol.....	399	Dukes.....	11
Norfolk.....	269	Nantucket.....	1 ²

¹House No. 401, January 1931, Annual Report of Department of Public Welfare, p. 41.

²Ibid, p. 41.

Table 1. Number of Children in Institutions

There were recorded about five thousand one hundred and seven orphaned children in Massachusetts who were listed as home or non-institutional cases. These children were living at home or were temporarily being cared for in hospitals maintaining active surgical units.

Geographic Distribution

There are two counties, namely, Suffolk and Middlesex, which report over 50 per cent each; three counties, Barnstable, Dukes and Nantucket--less than 1 per cent each; and the other nine counties from 1 to 15 per cent each of the 5,107 orphaned children in non-institutional.

Geographic Distribution by Counties

Suffolk.....	1,156	171
Middlesex.....	1,121	155
Worcester.....	605	83
Essex.....	551	65
Hampden.....	495	55
Bristol.....	399	11
Berkshire.....	369	1
Nantucket.....	369	1

Classification According to Age ¹

Disability and Sex

A few facts regarding sex and age groupings are as follows:-

Of the 5,107 crippled children, 2,804 or 54.91 per cent were boys; 2,303, or 45.09 per cent were girls. The number of boys was larger in all disabilities except scoliosis where 57.04 per cent were girls, and other congenital² deformities, where 54.76 per cent of the cases were girls.

Treatment of Crippled Children in Massachusetts

Two thousand six hundred and two, or 50.95 per cent of the 5,107 crippled children in non-institutional cases, were receiving treatment, and 2,505 or 49.05 per cent, were not receiving treatment.³

¹House No. 401, January 1932, Annual Report Department of Public Welfare, p. 41.

²Ibid, p. 41.

³Massachusetts Department of Public Welfare, Bulletin, House No. 401, 1931, p. 44 .

Classification according to Age

Disability and Sex

A few facts regarding sex and age groupings are as follows:-

Of the 5,107 crippled children, 2,504 or 49.01 per cent were boys; 2,603, or 50.99 per cent were girls. The number of boys was larger in all disabilities except scoliosis where 57.04 per cent were girls, and other congenital disorders, where 64.76 per cent of the cases were girls.

Treatment of Crippled Children in Massachusetts

Two thousand six hundred and two, or 50.95 per cent of the 5,107 crippled children in non-institutional cases, were receiving treatment, and 2,505 or 49.05 per cent were not receiving treatment.

Report No. 401, January 1932, Annual Report Department of Public Welfare, p. 41.

Table, p. 41.

Massachusetts Department of Public Welfare, Statistics, Report No. 401, 1932, p. 42.

	<u>Receiving</u>	<u>Not Receiving</u>
Infantile paralysis	1,172	763
Spastic paralysis	344	405
Obstetrical paralysis	166	334
Progressive paralysis	18	29
Bone and joint tuberculosis	204	182
Osteomyelitis	84	33
Arthritis	30	16
Congenital deformities	312	371
Traumatic deformities	86	188
Other deformities	82	100
Scoliosis	76	59
Not diagnosed	<u>28</u>	<u>25</u>
Total	2,602	2,505 ¹

The 2,602 children were receiving treatment as follows:-

1,933 in clinic

349 privately by orthopedic surgeons

230 privately by physicians

90 patients in hospital ²

¹Massachusetts Department of Public Welfare, Bulletin, House No. 401, 1931, p. 44.

²Ibid, p. 44.

Not Diagnosed	Receiving	Not Receiving
Latentile paralysis	1,178	783
Spastic paralysis	318	408
Obstetrical paralysis	188	354
Progressive paralysis	18	29
Spine and Joint tuberculosis	204	182
Polio-myelitis	88	32
Arthritis	38	16
Constitutional deformities	318	371
Traumatic deformities	38	188
Other deformities	38	100
Scoliosis	78	39
Not diagnosed	38	38
Total	2,602	2,602

The 2,602 children were receiving treatment as

follows:-

1,938 in clinic
 349 privately by orthopedic surgeons
 230 privately by physicians
 98 patients in hospital

Massachusetts Department of Public Welfare, Boston,
 House No. 401, 1921, p. 44.

1915, p. 44.

Two thousand five hundred and five children as shown above were not receiving treatment. This is over one-third of the total number of crippled children listed in the survey, a proposition so large that it requires further analysis, and one that shows the need of an improvement in our network of institutional and clinical resources for crippled children.¹

Of the 2,505 children not receiving treatment, 1,517 were reported as not needing it, since 1,256 of them had all the treatment necessary, and 261 had never had treatment as their conditions could not be improved by it. One hundred and forty-seven of these latter² were hopelessly crippled children for whom physicians had advised that the only course was to make them comfortable and happy during their lives. This was being done for the majority of these children in their homes. The investigators felt the children in 57 cases should have infirmary care, as their care in the home required too great burden on the family. Nine hundred and eighty-eight children who needed treatment were not receiving it. Six hundred and seventy-three of these had had previous treatment and 315 had never had any.

¹House No. 401, Annual Report Department of Public Welfare, 1931, p. 44.

²Ibid, p.p. 44-45.

Two thousand five hundred and five children as shown above were not receiving treatment. This is over one-third of the total number of orphaned children listed in the survey, a proportion so large that it requires further analysis, and one that shows the need of an improvement in our system of institutional and clinical resources for orphaned children.

Of the 2,505 children not receiving treatment, 1,517 were reported as not needing it, since 1,522 of them had all the treatment necessary, and 221 had never had treatment as their conditions could not be improved by it. One hundred and forty-seven of these latter were hopelessly orphaned children for whom physicians had advised that the only course was to make them comfortable and happy during their lives. This was being done for the majority of these children in their homes. The investigators left the children in 57 cases should have infirmity care, as their care in the home required too great burden on the family. Nine hundred and eighty-eight children who needed treatment were not receiving it. Six hundred and seventy-three of these had had previous treatment and 215 had never had any.

	<u>Needing but not receiving</u>	<u>Not Receiving Not needing</u>
Infantile paralysis	324	439
Spastic paralysis	158	247
Obstetrical paralysis	147	187
Progressive paralysis	4	25
Bone and joint tuberculosis	58	124
Osteomyelitis	7	26
Arthritis	8	8
Congenital deformities	159	212
Traumatic deformities	29	159
Other deformities	50	50
Scoliosis	32	27
Not diagnosed	<u>12</u>	<u>13</u>
Total	988	1,517

Sometimes there is a difficulty with the lack of adjustment and cooperation of the families, in which there are crippled children to the complete system of treatment which exists. A specialized social service will offset this lack of adjustment, and medical social service too when developed fully will also help to alleviate this difficulty.

Not receiving Not receiving	Not receiving Not receiving	Not receiving Not receiving
439	384	Intestinal parasites
247	189	Agaric parasites
127	147	Obstetric parasites
23	4	Prostatic parasites
180	55	Bone and joint tuberculosis
22	7	Osteomyelitis
9	8	Arthritis
213	182	Constitutional deformities
159	99	Traumatic deformities
30	30	Other deformities
27	27	Scoliosis
12	12	Not diagnosed
1,517	908	Total

Sometimes there is a difficulty with the lack of adjustment and cooperation of the families, in which there are crippled children to the complete system of treatment which exists. A specialized social service will offset this lack of adjustment, and medical social service too when developed fully will also help to alleviate this difficulty.

Reasons Why Not Receiving Treatment

Of the 988 children in need of treatment, but not receiving it, 45 were on waiting lists for hospital care. The other 943 were not having treatment because of lack of adjustment of the family to available resources, due to an attitude of indifference, failure to see the necessity of treatment, lack of confidence, lack of information, and in 188, or 19.94 per cent, of the cases, inability to afford the money.

In 755, or 80.06 per cent, of the 943 cases where treatment was neglected because of the lack of cooperation of the family to available resources the responsibility lay with the family. With the 188 left, or 19.94 per cent, the obstacles were insurmountable from the attitude of the family.

Indifference on the part of the parents resulted in the absence of treatment for 323, or 34.25 per cent, of the 943 children.

Many times the parents look at the child's crippled condition as a problem affecting themselves and the present circumstances rather than the child and his future welfare.

Reasons Why Not Necessary Treatment

Of the 200 children in need of treatment, 100 not receiving it, 40 were on waiting lists for hospital care. The other 60 were not having treatment because of lack of adjustment of the family to available resources, due to an attitude of indifference, failure to see the necessity of treatment, lack of confidence, lack of information, and in 100, or 50.00 per cent, of the cases, inability to afford the money.

In 150, or 75.00 per cent, of the 200 cases where treatment was neglected because of the lack of cooperation of the family to available resources the responsibility lay with the family. With the 100 left, or 50.00 per cent, the obstacles were insurmountable from the attitude of the family. Indifference on the part of the parents resulted in the absence of treatment for 80, or 40.00 per cent, of the 200 children.

Why then the parents lack of the child's original condition as a problem affecting themselves and the present circumstances rather than the child and his future welfare.

(B)

Education of Crippled Children in Massachusetts

At the Present Time

Statistics show that three thousand five hundred and ninety-four, or 70.37 per cent, of the 5,107 crippled children non-institutional, were receiving education, and 1,513¹, or 29.63 per cent were not. The larger percentages of children not receiving education occurred among those under seven years of age and between fourteen and twenty-one years. Many children in the former group had not reached the required school age, and a large proportion of the latter had left school on reaching sixteen years.

The total number of children not in institutions under seven years of age was 919. Two hundred and fifty-two, or but 27.42 per cent, of these were receiving education, while 667, or 72.58 per cent, were not.² Two thousand two hundred and ninety-eight were reported to be between the ages of seven and fourteen years. Two thousand and thirty-five, or 88.56 per cent, of these were receiving education, while 263 or but 11.44 per cent were not.

One thousand eight hundred and ninety were between the ages of fourteen and twenty-one. One thousand three hundred and seven, or 69.15 per cent, of these were receiving education, and 583 or 30.85 per cent were not. The 3,594 who were receiving education were as follows:-

¹House, No. 401, January 31, p. 58.

²Ibid, p. 58.

Education of Colored Children in MississippiAt the Present Time

Statistics show that three thousand five hundred and ninety-four, or 70.37 per cent, of the 5,107 colored children non-institutional, were receiving education, and 1,513, or 29.63 per cent were not. The larger percentages of children not receiving education counted among those under seven years of age and between fourteen and twenty-one years. Very children in the former group had not reached the required school age, and a large proportion of the latter had left school on reaching sixteen years.

The total number of children not in institutions under seven years of age was 912. Two hundred and thirty-two, or but 25.48 per cent, of these were receiving education, while 680, or 74.52 per cent, were not. Two thousand two hundred and ninety-eight were reported to be between the ages of seven and fourteen years. Two thousand and thirty-five, or 88.56 per cent, of these were receiving education, while 263, or but 11.44 per cent were not.

Two thousand eight hundred and ninety were between the ages of fourteen and twenty-one. One thousand three hundred and seven, or 63.15 per cent, of these were receiving education, and 583 or 36.85 per cent were not. The 7,594 who were receiving education were as follows:-

House, No. 401, January 22, 1908.
Total, 7,594.

2,767,	or	76.99	per cent,	in the grades
530,	or	14.75	" "	, in the high school
90,	or	2.50	" "	, in their homes (home teaching)
67,	or	1.86	" "	, in advanced schools such as business school or colleges
66,	or	1.84	" "	in private schools
33,	or	.92	" "	in hospitals
24,	or	.67	" "	in trade school
17,	or	.47	" "	in continuation schools

Comparison of Education of Non-Institutional
With Education of All Minors in Massachusetts

The figures of the 1929 School Census and the 1930 Federal Census show that the educational status of the crippled non-institutional children compares quite favorably with that of other children in Massachusetts. The 1,563,127 persons under twenty-one years of age in Massachusetts are classified in age groups as follows: 497,622 under 7 years of age, 553,009 between seven and fourteen years of age, and 512,496 between 14 and 21 years of age.

Considering the¹ 497,622 children 7 years of age, 132,277 or 26.58 per cent, are receiving education, and 365,345 or 73.42 per cent are not receiving education. The comparison of these figures with those² of the 919 crippled children of the same age group shows a difference of .84 per cent. This really is in favor of the crippled children. Of the 553,000 children between 7 and 14 years of age 551,675, or 99.76 per

¹House, No. 401, January 1932, Annual Report Department of Public Welfare, p. 60.

²Ibid, p. 60.

in the grades	or 75.00 per cent	100
in the high school	or 75.00 per cent	100
in their homes (home teaching)	or 75.00 per cent	100
in advanced schools and as	or 75.00 per cent	100
business school or colleges	or 75.00 per cent	100
in private schools	or 75.00 per cent	100
in hospitals	or 75.00 per cent	100
in trade school	or 75.00 per cent	100
in continuation schools	or 75.00 per cent	100

Comparison of Duration of Non-Residential

With Duration of All Children in Massachusetts

The figures of the 1929 School Census and the 1929 Federal Census show that the educational status of the original non-residential children compares quite favorably with that of other children in Massachusetts. The 1,563,127 persons under twenty-one years of age in Massachusetts are classified in age groups as follows: 487,522 under 7 years of age, 523,302 between seven and fourteen years of age, and 552,293 between 14 and 21 years of age.

Examining the 487,522 children 7 years of age, 128,277 or 26.52 per cent, are receiving education, and 359,245 or 73.48 per cent are not receiving education. The comparison of these figures with those² of the 919 original children of the same age group shows a difference of .64 per cent. This result is in favor of the original children. Of the 523,302 children between 7 and 14 years of age 251,675, or 48.10 per

cent, are not receiving education. A comparison of these figures with those of the 2,298 crippled children of the same age group shows a difference of 11.20 per cent, which is in favor of the able-bodied children. The difference may be because the crippled children of this age group include a large number out of school for treatment, others mentally unpromising as well as being crippled, and many now receiving education under the provision of the new law requiring home teaching for crippled children.

Of the 512,496 children¹ between 14 and 21 years of age, 171,666, or 33.50 per cent, are receiving education, and 340,830 or 66.50 per cent are not receiving education. Comparing these figures with those of 1,890 crippled children of the same age group shows there is a difference of 35.65 per cent in favor of the crippled children. The difference may be attributed to the fact that the education of the cripple is often continued when the able-bodied child of the same age has left school to work.

These figures indicate quite strongly the growing realization of the importance and need of educating and caring for the cripple.²

¹Massachusetts Department of Public Welfare, Bulletin, House, No. 401, 1931, p. 60.

²Ibid, p. 60.

and, are not receiving education. A comparison of these figures with those of the 2,293 crippled children of the same age group shows a difference of 11.50 per cent, which is in favor of the able-bodied children. The difference may be because the original children of this age group include a large number out of school for treatment, others mentally imbecile as well as being crippled, and many now receiving education under the provision of the new law regarding home teaching for crippled children.

Of the 312,426 children between 14 and 21 years of age, 171,666, or 55.00 per cent, are receiving education, and 140,760, or 45.00 per cent are not receiving education. Comparing these figures with those of 1,293 crippled children of the same age group shows there is a difference of 33.50 per cent in favor of the crippled children. The difference may be attributed to the fact that the education of the cripple is often continued when the able-bodied child of the same age has left school to work.

These figures indicate quite strongly the growing realization of the importance and need of educating and caring for the cripple.

Ability to Attend School

It is gratifying to know that a large number of crippled children are receiving education, and a review of the above findings shows, too, that a large number were attending the public schools. These children generally get on very well there. But there are some who were attending with difficulty, and others were thought unfit to attend public schools. Therefore a study was made of those receiving education from the standpoint of their mental and physical ability to attend school.

Two thousand five hundred and forty-three were reported as mentally and physically able to attend public school and to get on well in the class room.

Five hundred and thirty-five¹ were physically able to attend school but were reported as retarded in grade. In many cases the retardation in school was due to mental slowness of the child, but it was often due to the previous loss of time because of illness or interruption of studies for necessary treatment of their disability. Between the ages of 14 and 21 this is an important factor and many become discouraged when they find themselves still in school after the class they started with has gone to work or to college. These children are inadequately prepared for any form of self-support.

¹Massachusetts Department of Public Welfare, Bulletin, House, No. 401, 1931, p. 62.

Ability to Attend School

It is gratifying to know that a large number of crippled children are receiving education, and a review of the above findings shows, too, that a large number were attending the public schools. These children generally get on very well there. But there are some who were attending night schools, and others were thought unfit to attend night schools. Therefore a study was made of these receiving education from the standpoint of their mental and physical ability to attend school.

Two thousand five hundred and forty-three were reported as mentally and physically able to attend public school and to get on well in the class room. Five hundred and thirty-five were physically able to attend school but were reported as retarded in grade. In many cases the retardation in school was due to mental slowness of the child, but it was often due to the previous loss of time because of illness or interruption of studies for necessary treatment of their disability. Between the ages of 14 and 21 there is an important factor and many become handicapped when they find themselves still in school after the class they started with has gone to work or to college. These children are inadequately prepared for any form of self-support.

In the case of 282 children who were not physically able¹ to attend public school or concerning whom the advisability of being in school was disputed, it was reported that absence was generally due to disability, their maladjustment to it, or to the fact that the pace set by his classmates was too strenuous for them.

One hundred and forty-five children were reported as attending the public schools with difficulty. Many had to be transported to school and² assisted over the stairs, but once in the classroom, they got on very well. Others were unable to attend during the winter because of snowy and icy weather. Still more were obliged to absent themselves on account of necessary treatment. In high school the cripple's difficulty was due to the frequent changes of class rooms during the day. Often the courses were so arranged so as to avoid as little change as possible.

Sixty children while physically able to attend³ school were reported as being mentally unable to do the school work.

Twenty-nine children in the public schools were considered both mentally⁴ and physically unable to attend.

¹Massachusetts Department of Public Welfare, Bulletin, House, No. 401, 1931, p. 63.

²Ibid, p. 63.

³Ibid, p. 63.

⁴Ibid, p. 63.

In the case of 262 children who were not physically able to attend public school or continuing upon the advisability of being in school was discussed, it was reported that absence was generally due to disability, their maintenance to it, or to the fact that the pace set by the classroom was too strenuous for them.

(One hundred and forty-five children were reported as attending the public schools with difficulty. Many had to be transported to school and assisted over the stairs, but once in the classroom, they got on very well. Others were unable to attend during the winter because of snowy and icy weather. Still more were obliged to absent themselves on account of necessary treatment. In high school the principal's difficulty was due to the frequent changes of class rooms during the day. Often the courses were so arranged as to avoid as little change as possible.

Sixty children while physically able to attend school were reported as being mentally unable to do the school work.

Twenty-nine children in the public schools were considered both mentally and physically unable to attend.

Massachusetts Department of Public Welfare, Bulletin, Boston, No. 401, 1931, p. 63.

Table, p. 63.

Table, p. 63.

Table, p. 63.

The investigators of the survey found that some do very well in school work, in spite of a very great handicap but others were not doing so well. The maladjustment was due to the lack of a proper understanding and attitude on the part of the parents or teachers toward the child's disability. The situation needs to be remedied, if the supersensitiveness of the child to his disability is to be helped. This may greatly handicap him in later life or he may become dependent on others. The child should be placed in special schools for cripples, where surrounded by other equally handicapped children, he is less selfconscious, and through equal competition learns to be self-reliant.

Not Receiving Education

About 1,513, or 29.63 per cent, of the crippled children in non-institutional¹ cases, were not receiving education. A further study of their ability brings out the fact that few mentally promising children of school age were not receiving education. Five hundred and ninety-five, or 39.32 per cent, of the children not receiving education were under² school age, and 382 or 25.25 per cent had left school at the age of sixteen years or had completed their education.

¹ House, No. 401, Jan. 1932, Annual Report Department of Public Welfare, p. 65.

² Ibid, p. 65.

The investigators of the survey found that some do very well in school work, in spite of a very great handicap but others were not doing so well. The main handicap was due to the lack of a proper understanding and attitude on the part of the parents or teachers toward the child's disability. The situation needs to be remedied, if the experimental progress of the child to his disability is to be helped. This may greatly handicap him in later life or he may become dependent on others. The child should be placed in special schools for cripples, where surrounded by other equally handicapped children, he is less self-conscious, and through equal competition learns to be self-reliant.

Not Receiving Education

About 1,512, or 29.63 per cent, of the crippled children in non-institutional cases, were not receiving education. A further study of their ability brings out the fact that few mentally retarded children of school age were not receiving education. Five hundred and ninety-five, or 39.52 per cent, of the children not receiving education were under 5 school age, and 582 or 25.25 per cent had left school at the age of sixteen years or had completed their education.

The remaining 536, or 35.43 per cent, of the children not receiving education were of school age. Two hundred and eighty-four, or more¹ than half of these were mentally unable to attend school, or their mental ability was doubtful. Two hundred and fifty-two, or less than half the children of school age, not receiving education were mentally able.

Of the 284 mentally unpromising children not² receiving education, 177 were physically and mentally unable³ to attend school. Eighty-four were physically unable to attend and their mental ability was doubtful.

Out of the 252 mentally promising children of school age not receiving education, 230 were physically unable to attend school. Nineteen seemed to be physically able, but were out of school for other reasons. Two of those girls were so sensitive to their disability that they refused to go beyond the eighth grade. Three children were not allowed to go to school because their mothers feared injury which might further add to their handicap. One child was excluded from public school on account of deafness, not because of his crippling disability. Others were out temporarily because of illness other than that associated with their orthopedic disability. In the case of three of the mentally promising children not receiving education, their physical ability to attend school was doubtful.

¹House, No. 401, January 1932, Report of Public Welfare, p. 65.

²House, No. 401, January 1931, Report of Public Welfare, p. 66.

³Ibid, p. 66.

The 382 children over sixteen years of age¹ who were not receiving education deserve more consideration. According to the findings of the survey, 177 of these were doing work. Forty-five were likely never to be self-supporting, because of their unpromising physical condition. One hundred and sixty could do remunerative work if the opportunity were given. A few had adequate training for some form of self-support. It is hard to know how much unemployment is due to the economic depression. However, there is great need of educating the general public to the proper attitude toward the cripples as they have been refused employment on account of their crippling conditions.

Hospital Classes as a Part of the Public School System

In five of our larger cities, hospital schools or classes are maintained as a part of the public school system. One interesting example of a hospital school is Sol-e-Mar. Classes maintained as a part of the Public School System are in Boston, Fall River, New Bedford, Springfield, and Worcester. Cambridge sends a teacher to an institution, if requested.

The following chart states the number of teachers, pupils, and classes in the following cities.

¹House, No. 401, January 1932, Report of Public Welfare, p.66.

The 202 children over sixteen years of age who were not receiving education because more opportunities according to the findings of the survey, 197 of these were doing work. Forty-five were likely never to be self-supporting, because of their unimpaired physical condition. One hundred and sixty could be remunerative work at the opportunity were given. A few had adequate training for some form of self-support. It is hard to know how much unemployment is due to the economic depression. However, there is great need of educating the general public to the proper attitude toward the orphan as they have been retained employment on account of their orphan condition.

Hospital Classes as a Part of the Public School System

In five of our larger cities, hospital schools or classes are maintained as a part of the public school system. One interesting example of a hospital school is Sol-a-lar. Classes maintained as a part of the Public School System are in Boston, Fall River, New Bedford, Springfield, and Worcester. Cambridge sends a teacher to an institution, if one needed. The following chart states the number of teachers, pupils, and classes in the following cities.

<u>Town or City</u>	<u>Number of Teachers</u>	<u>Number of Pupils</u>	<u>Number of Classes</u>
Boston	5	Varies	5
Fall River	2	31	2
New Bedford	3	81	3
Springfield	1	21	1
Worcester	<u>1</u>	<u>Varies</u>	<u>1</u>
	12	133	12

In many other cities the itinerant teacher for physically handicapped children visits local hospitals and teaches children who may be patients therein. Children detained at the hospital for a few weeks thus keep up with their regular school work.

Explanation of the Nature of the Various Crippling Diseases

Sufferers from Infantile Paralysis constitute the largest group of the cases mentioned in the preceeding lists. The paralysis is of a flaccid type. It is due to a definite infection wh ich results in a destruction of the nerve cells in the spinal cord, causing a paralysis of the muscles supplied by these cells. The lower extremities are very much more frequently affected than the upper. Very often for a period of a few years, there is a great tendency for spontaneous improvement, but best results are secured in cases having proper continuity of treatment.

Town or City	Number of Teachers	Number of Pupils	Number of Classes
Boston	3	Varies	5
Fall River	2	21	2
New Bedford	2	21	2
Wareham	1	21	1
Wareham	1	Varies	1
	11	103	12

In many other places the principal teacher has personally supervised children visiting hospitals and teachers children who may be patients there. Children detained at the hospital for a few weeks have kept up with their regular school work.

Explanation of the Nature of the Various Gravitational Diseases

Gravities from Infantile Gravitational Diseases consist of the latest group of the cases mentioned in the preceding list. The gravities are of the Gravitational type. It is due to a definite infection of the brain in a destruction of the nerve cells in the spinal cord, causing a paralysis of the muscles supplied by these cells. The lower extremities are very much affected, gravity affected from the upper. Very often for a period of a few years, there is a great tendency for spontaneous improvement, but very rarely the condition is such as to require continuity of treatment.

Sufferers from Spastic Paralysis constitute the second largest group of the cases. This group comprises less than half the number of cases represented in the infantile paralysis group. Spastic paralysis is a condition which is due to some brain lesion, and results in disturbance of the muscles so that they do not act evenly or in co-ordination. The result is that the child has considerable difficulty in managing his arms or legs. There is a certain amount of mental impairment with this condition.¹

Children afflicted with Bone and Joint Tuberculosis comprise the third largest group. In previous years this group would have headed the list of causes of cripples, but through the great improvement of public health methods and the improvement in the milk supply these cases have decreased in the last decade. The invasion of any joint by the tubercle bacillus, be it the spine, hip, knee, or wrist, results in a permanent impairment of the normal function of the joint, and usually lessens the ability of the individual to get about and do his usual work. The cases of bone and joint tuberculosis represent individuals suffering from general systemic disease as well.²

¹House, No. 401, P. 22.

²Ibid, p. 23.

Disturbances from Abnormal Development of the

second largest group of the cases. This group comprises cases

which have the nature of cases represented in the following

category group. These patients are a condition which is

due to some brain lesion, and results in disturbance of the

muscles so that they do not act evenly or in co-ordination.

It is noted that the child has considerable difficulty in

controlling his arms or legs. There is a certain amount of

mental impairment with this condition.¹

Children Affected with Bone and Joint Dysplasias

comprise the third largest group. In previous years this

group would have headed the list of causes of cripples, but

through the great improvement of public health methods and the

improvement in the way in which these cases have been treated in

the last decade. The invasion of any joint by the tubercle

bacillus, be it the spine, hip, knee, or wrist, results in

a permanent impairment of the normal function of the joint.

and usually leaves the ability of the individual to get

about and do his usual work. The cases of bone and joint

dysplasias represent individuals suffering from general

systemic disease as well.²

¹Horne, M. D., 1911, p. 32.

²Ibid., p. 32.

Congenital defects form the fourth large group, and include such abnormal conditions of the body existing at birth as dislocations of the hips, club feet, absence of hands, arms, or legs, besides abnormalities of the spine.¹

Obstetrical Paralysis form another large group and is a condition distinctly the result of obstetrical accidents or difficulties at time of birth. The condition is secondary to an injury to the nerves of the neck, resulting in most cases in an arm which is functionally impaired fully fifty per cent and in some instances more.

Traumatic deformities are those resulting from accident, and represent various end results of amputations, and fractures, which are crippling, and which make it hard for the individual to get about.²

Osteomyelitis is a bone abscess, secondary to a general systemic infection; and it may involve one or more bones. It is a condition which is of long duration, requiring repeated operations, and causing loss of growth of the part, resulting in a short arm or leg, and impairment of function of the part in general.³

¹House, No. 401, p. 23.

²House, No. 401, December 1931, p. 23.

³Ibid , p. 23.

Congenital Palsy form the fourth large group, and include such abnormal conditions of the body existing at birth as dislocation of the hip, club foot, absence of hands, arms, or legs, besides abnormalities of the spine.¹

Obstetrical Palsy form another large group and is a condition distinctly the result of obstetrical accidents or difficulties at time of birth. The condition is secondary to an injury to the nerves of the neck, resulting in most cases in an arm which is functionally impaired fully fifty per cent and in some instances more.

Traumatic Palsies are those resulting from accident, and represent various and results of amputations, and fractures, which are crushing, and which make it hard for the individual to get about.²

Osteomyelitis is a bone abscess, secondary to a general systemic infection; and it may involve one or more bones. It is a condition which is of long duration, requiring repeated operations, and causing loss of growth of the part, resulting in a short arm or leg, and impairment of function of the part in general.³

¹House, No. 401, p. 23.

²House, No. 401, December 1921, p. 23.

³Ibid., p. 23.

Arthritis as seen in young people is a distinctly crippling type, involving many or nearly all the joints and resulting in the impairment of their function. It is a disease which produces permanently total cripples, who require great attention. These children are many times unable to walk or get about and have to be cared for.¹

Scoliosis is a lateral curvature of the spine which may be secondary to rickets, infantile paralysis, or unknown causes. It is very severe in type and represents serious deformity of the back, the so-called humpback. This condition results in an impairment of general health, and the individual is often unable to keep up with the economic pace.

The other conditions represent small groups, all suffering from diseases which are distinctly crippling, either to the body as a whole or to one or more extremities. They represent a fixed level far below normal development. They all require medical attention and many of them hospitalization, and they result in an early death of the individual or a crippling condition for life.

Special Classes of Crippled Children

The survey of Special Classes of crippled children made in 1930 showed that there were 551 classes in 124 cities and towns with a registration of 8,332 pupils.²

¹House, No. 401, December 1931, p. 23.

²Massachusetts Department of Education, Survey of Special Education of Atypical Children, 1934, p. 2.

Arthritis as seen in young people is a distinctly
originate type, involving many or nearly all the joints and
resulting in the impairment of their function. It is a
disorder which produces permanently total disability, who require
great attention. These children are many times unable to
walk or get about and have to be cared for.¹
Rachitis is a lateral curvature of the spine which
may be secondary to rickets, infantile paralysis, or unknown
cause. It is very severe in type and represents serious
deformity of the back, the so-called humpback. This condition
results in an impairment of general health, and the individual
is often unable to keep up with the economic pace.
The other conditions represent small groups, all
suffering from diseases which are distinctly crippling, either
to the body as a whole or to one or more extremities. They
represent a fixed level far below normal development. They
all require medical attention and many of them hospitalization,
and they result in an early death of the individual or a
crippling condition for life.

Special Classes of Crippled Children

The survey of Special Classes of crippled children
made in 1930 showed that there were 551 classes in 184 cities
and towns with a population of 5,332 pupils.²

¹House, No. 401, December 1931, p. 22.
²Massachusetts Department of Education, Survey of Special
Classes of Crippled Children, 1930.

In September 1933 the survey shows that there were now 554 in 133 cities and towns with a registration of 8,840 pupils.¹

In the period between 1930 and 1933, 47 special classes and 50 new classes were opened. In 28 towns and cities there was a decrease of 39 classes, and in 8 towns where there was but one class in each town the work was abolished.²

In some of the smaller towns the number of pupils has dropped below the required number of ten to make a class compulsory; consequently some classes have been closed. In other communities new classes have been opened.

There was an increase of 33 in the number of classes in 17 towns and cities and a new class was opened in each of 17 towns. The cities and towns which have increased the number of special classes of cripples since 1930 are:-

Boston, 6; Worcester, 2; Cambridge, 2; Lowell, 1; Quincy, 1; Newton, 1; Medford, 1; Malden, 1; Revere, 1; Leominster, 5; Winchester, 1; Amesbury, 1; Ludlow, 1.³

¹Massachusetts Department of Education, Survey of Special Education of Atypical Children, 1934, p. 2.

²Ib id, p. 2.

³Ibid, p. 2.

In September 1933 the survey shows that there were
now 134 in 133 cities and towns with a population of 5,000

or more.

In the period between 1923 and 1933, 47 special

classes and 30 new classes were opened. In 30 towns and cities

there was a decrease of 33 classes, and in 8 towns where there

was but one class in each town the work was discontinued.

In some of the smaller towns the number of pupils

has dropped below the required number of ten to make a class

consequently, consequently some classes have been closed. In

other communities new classes have been opened.

There was an increase of 33 in the number of classes

in 17 towns and cities and a new class was opened in each of

17 towns. The cities and towns which have increased the

number of special classes of children since 1923 are:-

Newton, 6; Worcester, 2; Cambridge, 2; Lowell, 1; Quincy, 1;

Newton, 1; Haverford, 1; Malden, 1; Revere, 1; Dedham, 1;

Winchester, 1; Amesbury, 1; Andover, 1.

Massachusetts Department of Education, Survey of Special
Education of Abnormal Children, 1933, p. 2.

Table 16, p. 2.

Table 16, p. 2.

The towns which opened new classes are:- South Hadley, 1; Grange, 1; Foxborough, 1; Medford, 1; Williamstown, 1; Rockport, 1; East Bridgewater, 1; North Brookfield, 1; Hadley, 1; Sheffield, 1; Brookfield, 1; Seekonk, 1; Longmeadow, 1; Westwood, 1; Freetown, 1; Southwick, 1; East Brookfield, 1. ¹

A careful survey of the physically handicapped made by the Department of Education of Massachusetts in September, 1933 showed there were 39 cities and towns in the State maintaining home instruction, an increase of 17 communities over 1930.² There were 93.6³ visiting teachers in 1932-1933 as compared with 15 in 1930, and the total membership in 1932-1933⁴ was more than double that of 1930, being 598.⁵ The total cost of maintenance in the cities in 1932-1933⁶ was \$52,921.03⁷ with an average cost per pupil of \$103.97⁸. In the towns the total cost of maintenance was \$4,970.65 with an average cost of \$55.08 per pupil. The total maintenance cost for the State was \$57,891.68, the per pupil cost being \$100.33⁹. The communities which have inaugurated home instruction since 1930 are:- Pittsfield, Salem, Fitchburg, Revere, Brookline, Norwood, Saugus, Plymouth, Chelsea, Grafton, Needham, Winthrop, and Worcester.

¹Massachusetts Annual Report of Dept. of Education Survey, 1934, p.2.

²Ibid, p. 7.

³Ibid, p. 7.

⁴Ibid, p. 7.

⁵Ibid, p. 7.

⁶Ibid, p. 7.

⁷Ibid, p. 7.

⁸Ibid, p. 7.

⁹Ibid, p. 7.

The towns which opened new libraries are:- North

Bedford, 1; Orange, 1; Northampton, 1; Westford, 1; Williamstown,
1; Rockport, 1; West Springfield, 1; North Brookfield, 1;
Andover, 1; Northfield, 1; Brookfield, 1; Andover, 1;
Concord, 1; Westford, 1; Freetown, 1; Southwick, 1;
East Brookfield, 1.

A careful survey of the physically handicapped was

by the Department of Education of Massachusetts in October,

1935 showed there were 32 cities and towns in the State

maintaining home instruction, an increase of 17 communities

over 1930. There were 73.5 visiting teachers in 1934-1935

as compared with 15 in 1930, and the total membership in

1932-1933 was more than double that of 1930, being 390.

The total cost of maintenance in the cities in 1932-1933

was \$22,841.00 with an average cost per pupil of \$102.97.

In the towns the total cost of maintenance was \$4,941.62 with

an average cost of \$27.35 per pupil. The total maintenance

cost for the State was \$27,782.62, the per pupil cost being

\$100.50. The communities which have maintained home

instruction since 1930 are:- Attleboro, Bellingham, Framingham,

Revere, Rockland, Needham, Needham Heights, Norwood, Quincy, Weymouth, Weymouth

Neponset, Weymouth, and Weymouth.

Massachusetts Annual Report of Dept. of Education Survey, 1935.

Table, p. 7.

Table, p. 7.

Table, p. 7.

Table, p. 7.

Table, p. 7.

Table, p. 7.

Table, p. 7.

Table, p. 7.

The following survey shows by localities the number of visiting teachers, the number of children receiving instruction, and the cost of maintenance.

Towns	Number of Visiting Teachers	Number of Children Receiving Instruction	Cost for previous fiscal year	Cost per Child
Brookline	2	2	\$ 88.00	\$ 44.00
Arlington	1	15	700.00	46.67
Watertown	1	7	615.00	87.86
Belmont	1	7	437.15	62.45
Winthrop	1	1	---	---
West Springfield	1	9	1444.00	160.44
Greenfield	2	4	400.00	100.00
Norwood	1 ¹	8	517.50	64.68
Saugus	3	5	350.00	70.00
Plymouth	1	1	75.00	75.00
Winchester	1	2	---	---
Needham	1	16	---	---
Swampscott	2	2	---	---
Grafton	2	2	96.00	48.00
Shrewsbury	1	3	40.00	13.33
Uxbridge	2	2	160.00	80.00
Sudbury	2	2	48.00	24.00
Granville	1	1	---	---
Total (18 towns)	26	89	\$4,970.65	\$55.85
State (39 cities and towns)	93.6	598	\$57,891.68	
Cost per pupil based on 577 pupils -----				\$100.33

¹Part time

The following survey shows by localities the number of visiting teachers, the number of children receiving instruction, and the cost of maintenance.

Locality	Number of Visiting Teachers	Number of Children Receiving Instruction	Cost for previous fiscal year	Cost per pupil
Brookline	2	3	\$ 87.00	\$ 29.00
Boston	1	10	\$ 75.00	\$ 7.50
Watertown	1	7	\$ 15.00	\$ 2.14
Wellesley	1	7	\$ 77.15	\$ 11.02
Woburn	1	1	---	---
West Roxbury	1	9	\$ 144.00	\$ 16.00
Needham	2	4	\$ 400.00	\$ 100.00
Scituate	1	8	\$ 117.00	\$ 14.62
Scituate	3	5	\$ 230.00	\$ 46.00
Stoughton	1	1	\$ 75.00	\$ 75.00
Winchester	1	3	---	---
Needham	1	10	---	---
Scituate	2	3	---	---
Scituate	2	2	\$ 96.00	\$ 48.00
Scituate	1	3	\$ 48.00	\$ 16.00
Scituate	2	3	\$ 120.00	\$ 40.00
Scituate	2	3	\$ 60.00	\$ 20.00
Scituate	1	1	---	---
Total (10 towns)	26	79	\$ 1,070.00	\$ 13.54
State	100	100	\$ 1,000.00	\$ 10.00
(30 states and towns)	100	100	\$ 1,000.00	\$ 10.00

Cost per pupil

This table shows the Education of Physically Handicapped Children in their homes.

1932 - 1933

Cities	Number of Visiting Teachers	Number of Children Receiving Instruction	Cost for previous fiscal year	Cost per Child
Boston	29	2 05	\$14,643.75	\$71.43
Worcester	1	11	2,006.00	182.36
Springfield	2	39	4,500.00	115.38
Cambridge	6	43	5,935.33	138.03
New Bedford	2	20	2,473.52	123.68
Somerville	1	20	2,097.30	104.87
Lynn	2	16	2,382.43	148.90
Lowell	1	13	1,645.00	126.54
Newton	1	15	2,250.00	150.00
Medford	2	6	938.50	156.42
Malden	1	4	1,400.00	350.00
Holyoke	1	15	1,720.50	114.70
Pittsfield	1	13	1,350.00	103.85
Everett	10	10	602.70	60.27
Chelsea	1	12	1,300.00	108.34
Chicopee	2	19	650.00	34.21
Salem	1	14	1,582.00	113.00
Fitchburg	1	12	1,710.00	142.50
Revere	1	6	984.00	164.00
Beverly	6	6	1,200.00	200.00
Melrose	1	10	1,550.00	155.00
Total (21 cities)	67.5	509	\$52,921.03	\$103.97

This table shows the Number of Hospitalized

Hospitalized Children in their homes.

1922 - 1923

City	Number of Visiting Teachers	Number of Children Receiving Instruction	Cost for Previous Fiscal Year	Cost for Fiscal Year
Boston	22	22	\$14,642.75	\$17,442.42
Worcester	1	11	\$,000.00	\$100.32
Springfield	2	22	\$,000.00	\$112.22
Cambridge	4	42	\$,032.22	\$102.02
New Bedford	2	20	\$,072.22	\$102.02
Dorchester	1	20	\$,027.20	\$104.27
Wrentham	2	10	\$,322.42	\$102.20
Dorchester	1	12	\$,022.00	\$102.22
Wrentham	1	12	\$,022.00	\$102.00
Wrentham	2	2	\$20.20	\$102.42
Wrentham	1	4	\$,400.00	\$20.00
Wrentham	1	12	\$,722.20	\$114.70
Wrentham	1	12	\$,220.00	\$102.22
Wrentham	10	10	\$20.70	\$20.27
Chelmsford	1	12	\$,200.00	\$102.22
Chelmsford	2	12	\$20.00	\$20.22
Wrentham	1	12	\$,022.00	\$112.00
Wrentham	1	12	\$,710.00	\$102.22
Wrentham	1	2	\$20.00	\$102.00
Wrentham	2	2	\$,200.00	\$20.00
Wrentham	1	10	\$,220.00	\$102.00
Total (22 cities)	27	202	\$22,222.22	\$2102.27

CHAPTER IV

(A)

LEGAL ASPECTS

Introduction

Chapter IV describes the Legal Development of State Aid, and the progressive changes in the laws providing such aid. There are two groups of laws: one group of laws relating to the Massachusetts Hospital School, and the other group of laws relating to Special Classes in Individual Communities. The laws concerning the tuitions of inmates of certain institutions in Section B are also summarized in this chapter. Those laws were established in 1898, and will be considered before the laws relating to Special Classes in Individual Communities.

The law reads - Acts and Resolves, Chapter 444,

Section 1. Be it enacted, etc.: - as follows:

The Governor, with the advice and consent of the council, shall appoint five persons who shall constitute, etc., Board of Trustees of the Massachusetts Hospital and Home for Trapped and Deformed Children, the purpose of which shall be for aid, education and care of the crippled and deformed children of the

Acts and Resolves of Mass. 1898, Chap. 444, Sec. 1.

CHAPTER IV

(1)

LEGAL ASPECTS

Introduction

Chapter IV describes the legal development of State Aids, and the progressive changes in the laws providing such aid. There are two groups of laws: one group of laws relating to the Massachusetts Hospital School, and the other group of laws relating to Special Classes in Individual Communities. The laws concerning the training of inmates of certain institutions in Section B are also summarized in this chapter. These laws were established in 1878, and will be considered before the laws relating to Special Classes in Individual Communities.

Legal Development of State Aid

Progressive Changes in the Laws Providing Such Aid

A consideration from the legal viewpoint of the development of State Aid for crippled children may be made from two angles. One group of laws relates to the Massachusetts Hospital School, and the other group relates to the special classes in individual communities in Massachusetts. Towns and cities giving such instruction to crippled children are: Chelsea, Lynn, Belmont, Watertown, Boston, and Newton. The first group of laws to be considered are those laws relating to the Massachusetts Hospital School.

The Massachusetts Legislature by the Acts of 1904, Chapter 446¹, provided for the establishment of the Massachusetts School and Home for Crippled and Deformed Children, the management of which was vested in a Board of five trustees appointed or removed by the Governor with the advice and consent of the Council.

The law reads - Acts and Resolves, Chapter 446, Section 1. Be it enacted, etc.; - as follows:

The Governor, with the advice and consent of the council, shall appoint five persons who shall constitute, etc., Board of Trustee of the Massachusetts School and Home for Crippled and Deformed Children, the purpose of which shall be for etc. education and care of the crippled and deformed children of the

¹ Acts and Resolves of Mass. 1904, Chap. 446, Sec. 1.

Legal Development of State Aid

Progressive Changes in the Law Providing Chap. 44B

A consideration from the legal viewpoint of the development of State Aid for crippled children may be made from the angles: One group of laws related to the Massachusetts Hospital School, and the other group related to the special classes in individual communities in Massachusetts. Towns and cities giving such instruction to crippled children are: Chelsea, Lynn, Belmont, Woburn, Boston, and Newton. The first group of laws to be considered are those laws relating to the Massachusetts Hospital School.

The Massachusetts Legislature by the Acts of 1904, Chapter 44B, provided for the establishment of the Massachusetts Hospital and Home for Crippled and Deformed Children, the management of which was vested in a Board of five trustees appointed or removed by the Governor with the advice and consent of the Council.

The law reads - Acts and Resolves, Chapter 44B,

Section 1. Be it enacted, etc.: - as follows:

The Governor, with the advice and consent of the Council, shall appoint five persons who shall constitute, etc., Board of Trustees of the Massachusetts Hospital and Home for Crippled and Deformed Children, the purpose of which shall be for etc. education and care of the crippled and deformed children of the

commonwealth. Any such trustee may be removed by the governor with etc. advice and consent of the council. Any vacancy occurring in said board shall be filled in like manner for the unexpired term.¹

Section 5 in Chapter 446 of the Acts 1904 was amended and reads as follows:

The trustees shall have the same powers and shall be required to perform the same duties in the management and control of the said school and home, as are vested in and required of the trustees of the various state insane hospitals under Chapter eighty-seven of the revised laws, so far as said Chapter is applicable.²

The present law up to date concerning the Massachusetts Hospital School reads - General Laws 1932, Chapter 121, Section 28 - Be it enacted, etc., as follows:

The Massachusetts Hospital School shall be maintained for the education and care of crippled and deformed children of the commonwealth. The board of trustees of said school shall have the same powers and shall be required to perform the same duties in the management and control of the school as are vested in and required of the trustees of the various state hospitals under chapter one hundred and twenty-three, so far as applicable.³

In the Acts and Resolves of Massachusetts of 1907 Chapter 226 Section 1 an act was made to change the name of the Massachusetts School and Home for the Crippled and Deformed Children to the Massachusetts Hospital School. The law reads, Be it enacted, etc; as follows:

¹Acts and Resolves of Massachusetts. 1904, Chap. 446, Sec. 1.

²Acts and Resolves, 1904, Chapter 446, Section 5.

³Manual of Laws, 1932, Chapter 121, Section 28.

unconformable. Any such transfer may be removed by the government with all, advice and consent of the council. Any transfer occurring in this board shall be filled in like manner for the unexpired term.

Section 2 in Chapter 445 of the Acts 1904 was amended

and reads as follows:

The trustees shall have the same power and shall be required to exercise the same power in the management and control of the school and house, as are vested in the trustees of the various state hospitals under Chapter 445, as amended, of the revised laws, so far as said Chapter is applicable.

The present law up to date concerning the Massachusetts

Normal School reads - General Laws 1902, Chapter 121, Section

2 - As it enacted, etc., as follows:

The Massachusetts Normal School shall be maintained for the education and care of orphaned and delinquent children of the Commonwealth. The board of trustees of said school shall have the same power and shall be required to perform the same duties in the management and control of the school as are vested in the trustees of the various state hospitals under Chapter 445, as amended and twenty-four, so far as applicable.

In the Acts and Resolves of Massachusetts of 1904

Chapter 445 Section 1 as now made to change the name of the

Massachusetts Normal School and House for the Orphaned and Delinquent

Children to the Massachusetts Hospital School. The law reads,

As it enacted, etc., as follows:

Acts and Resolves of Massachusetts, 1904, Chapter 445, Section 1.

Acts and Resolves, 1904, Chapter 445, Section 2.

Chapter of Laws, 1902, Chapter 121, Section 2.

SECTION 1. The name of the Massachusetts School and Home for Crippled and Deformed Children, established by Chapter four hundred and forty-six of the Acts of the year nineteen hundred and four, and located in the town of Canton, is hereby changed to the Massachusetts Hospital School.¹

SECTION 2. This act shall take effect upon its passage. Approved March 20, 1907.²

Powers and Duties of Trustees

The powers and duties of the trustees are the same as those vested in the trustees of the various State Hospitals.

The term of office for each trustee is five years. Acts and Resolves of Massachusetts of 1904, Chapter 446, Section 3 state the powers and duties of the trustees as follows:

Be it enacted, etc., as follows:

The trustees shall be a corporation for the same purposes for which the trustees of each of the state insane hospitals are made a corporation by section twenty-three of Chapter eighty-seven of the Revised Laws with all the powers necessary to carry said purposes into effect.³

In 1922 Chapter 306 there is an amendment to the Powers and duties of trustees as thus. An act relative to the powers of the trustees of the Massachusetts Hospital School 1922 General Law, 121 Section 29 amended.

¹Acts and Resolves of Massachusetts of 1907, Chapter 226, Section 1.

²Ibid , p. 169 .

³Acts and Resolves of Massachusetts 1904, Chapter 446, Section 3.

SECTION 1. The name of the Massachusetts
 School and Home for Orphaned and Destitute
 Children, established by Chapter Four hundred
 and forty-six of the Acts of the year nineteen
 hundred and four, and located in the town of
 Canton, is hereby changed to the Massachusetts
 Hospital School.

SECTION 2. This act shall take effect upon
 its passage. Approved March 20, 1907.

Powers and Duties of Trustees

The powers and duties of the trustees are the same as
 those vested in the trustees of the various State Hospitals.
 The term of office for each trustee is five years. Acts and
 Resolves of Massachusetts of 1904, Chapter 446, Section 2 state
 the powers and duties of the trustees as follows:
 As it enacted, etc., as follows:

The trustees shall be a corporation for the
 same purposes for which the trustees of each
 of the State Hospitals are made a
 corporation by section twenty-three of Chapter
 eighty-seven of the Revised Laws with all the
 powers necessary to carry said purposes into
 effect.

In 1902 Chapter 306 there is an amendment to the
 Powers and duties of trustees as thus. An act relative to the
 powers of the trustees of the Massachusetts Hospital School 1902
 General Law, 191 Section 29 amended.

Acts and Resolves of Massachusetts of 1907, Chapter 225,
 Section 1.

Ida, v. 103.

Acts and Resolves of Massachusetts 1904, Chapter 446, Section 2.

Be it enacted as follows:

Chapter one hundred and twenty-one of the General Laws is hereby amended by striking out section twenty-nine and inserting in place thereof the following: Section 29, the trustees shall be a corporation for the purpose of taking and holding, etc.¹

The present law about the Powers and duties of the trustees of Chapter 12 1 Section 29 now reads.

Be it enacted as follows:

SECTION 29. Powers and duties of trustees
The trustees shall be a corporation for the purpose of taking and holding, by them and their successors, in the name of the commonwealth and in accordance with the terms thereof, any grant of devise of land or any gift or bequest of money or other personal property made for the use or benefit of the school, its inmates, former inmates or graduates or any association thereof, or for the use or benefit of state minor wards assigned to the care of the trustees, under sections thirty-four to thirty-seven, inclusive, and for the purpose of preserving and investing the proceed thereof, in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to effect said purposes. For said purposes, the trustees may employ such agencies as they may from time to time determine to be wise and proper, including any trust company or other corporation authorized by law to administer trusts, and may from fund received on aforesaid or the income thereof pay such expenses as may be necessary for the wise administration of such gifts or trust, or may, with the approval of the governor and council, delegate any powers conferred by this section upon any trust company or corporation.

¹ Acts and Resolves of Massachusetts 1904, p.p. 316-317.

be it enacted as follows:

Chapter one hundred and twenty-one of the General Laws is hereby amended by striking out section twenty-nine and inserting in place thereof the following: Section 29. The trustees shall be a corporation for the purpose of taking and holding, etc. 1

The present law about the powers and duties of the

trustees of Chapter 121 Section 29 now reads.

as it enacted as follows:

SECTION 29. Powers and duties of trustees. The trustees shall be a corporation for the purpose of taking and holding, by themselves or their successors, in the name of the commonwealth and in accordance with the terms thereof, any grant of lands or any gift or bequest of money or other personal property made for the use or benefit of the school, the trustees, former trustees or graduates or any association thereof, or for the use or benefit of state minor wards assigned to the care of the trustees, under section thirty-four to thirty-seven, inclusive, and for the purpose of preserving and investing the proceeds thereof, in bonds or bonds secured by gold and bullion, mortgages or other securities, with all the powers necessary to effect said purposes. For said purposes, the trustees may employ such persons as they may from time to time determine to be wise and proper, including any trust company or other corporation authorized by law to administer trusts, and may from time to time receive on account of the income thereof any such expenses as may be necessary for the wise administration of such gifts or trusts, or may, with the approval of the governor and council, delegate any powers conferred by this section upon any trust company or corporation.

In the use, management and administration of such gifts or trusts the trustees or their agents shall in their discretion so act as most effectively to aid the beneficiaries in accordance with the terms of the gift or trust, and when so acting their judgments and determinations in extending or denying aid or benefit to any individual shall be conclusive and final. No trustee shall be answerable for the use of any money or property received by beneficiary or for the default or neglect of any co-trustee, or of any agent employed hereunder, or of any corporation to which power is delegated or transferred as herein authorized.

The act further established that the lands held by the said trustees in trust for the commonwealth should not be taken for a street, highway, or railroad without consent of the general court.¹ The trustees should be a corporation similar to the corporation founded by the trustees of each of the State Insane Hospitals. The trustees were empowered to select a site for the school and home, to purchase the land, therefore, subject to the approval of the governor and council, and to erect on such land buildings to hold not less than three hundred children, officers and attendants and provide for the equipment, furnishing, etc., of such buildings. It has provided, however, expenditures for carrying out the purpose of the act, should not exceed \$300,000. The trustees were also empowered in regard to performing the same duties in the management and control of the school and home as were invested in and required of the trustees of the various State insane hospitals. The act also provided that when the buildings had been constructed and were ready for purposes for which the school was established the trustees should notify the governor who would thereupon issue a proclamation establishing the home and school. After the establishment of the school and home the trustees should receive no compensation for their services but should be reimbursed from the treasury of the Commonwealth for all expenses actually incurred by them in the performance of their duties.

Acts and Resolves 1904, Chapter 446, Section 8 reads:

¹Acts and Resolves 1904, Chapter 446, Section 2.

The trustees were also empowered to appoint, subject to the approval of the governor and council, and fix the salaries of all persons necessary for the proper administration of the affairs of the school and might incur all expenses necessary for the maintenance of the school and home.¹

This law was further amended according to Acts and Resolves 1931, Chapter 301, Section 91 and reads as follows:

Section thirty, Official and Assistants of Chapter one hundred and twenty-one of the General Laws is hereby amended by striking out in the first line, the words, "and subject to the approval of the governor and council, may fix the salaries of", - so as to read as follows:

Section thirty, The trustees may appoint all persons necessary for the proper administration of the affairs of the schools, and may incur all expenses necessary for the maintenance thereof.²

Acts 1909, Chapter 497, Section 1. Be it enacted, etc., as follows:

An act relative to the care of certain children at the Massachusetts Hospital School.

SECTION 1 Chapter four hundred and forty-six of the acts of the year nineteen hundred and four is hereby amended by striking out section nine and inserting in place thereof the following:

Section 9. The trustees may upon the written application of any child entitled to receive the benefit of said school, or upon such an application made by a parent, guardian, or person having the legal custody of the child, or by any state or municipal board or official having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe and the trustees may at their discretion discharge such child from school. The charges determined by trustees of the school.

¹ Manual of Laws, Department of Public Welfare of Massachusetts, 1932, Chapter 121, Section 30.

² Acts and Resolves, 1931, Chapter 301, Section 91.

The trustees were also empowered to appoint, subject to the approval of the Governor and Council, and fix the salaries of all persons necessary for the proper administration of the affairs of the school and to pay all expenses necessary for the maintenance of the school and house.

This law was further amended according to Acts and

Resolves 1831, Chapter 301, Section 91 and reads as follows:

Section thirty, Official and Assistant of Chapter one hundred and twenty-one of the General Laws is hereby amended by striking out in the first line, the words, "and subject to the approval of the Governor and Council, may fix the salaries of," - so as to read as follows:

Section thirty, The trustees may appoint all persons necessary for the proper administration of the affairs of the school, and may incur all expenses necessary for the maintenance thereof.

Act 1932, Chapter 497, Section 1. Be it enacted,

etc., as follows:

An act relative to the care of certain children at the Massachusetts Hospital School.

SECTION 1. Chapter four hundred and forty-six of the Acts of the year nineteen hundred and four is hereby amended by striking out section nine and inserting in place thereof the following:

Section 9. The trustees may upon the written application of any child entitled to receive the benefit of said school, or upon such an application made by a parent, guardian, or person having the legal custody of the child, or by any state or municipal board or official having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe and the trustees may at their discretion discharge such child from school. The charges determined by trustees of the school.

Payment for Support of Children

The board of such children as have a legal settlement in some city or town shall be paid by such city or town at a rate not exceeding \$4 a week, notice of the reception of the children by the trustees being given by them to the overseers of the poor of the city or town settlement as soon as is practicable, and the tuition and board of those having no such settlement shall be made by the Commonwealth. The trustees may in their discretion receive other children who have no means to pay for tuition and board of all such children shall be paid from the treasury of Commonwealth. The attorney-general and district attorney shall upon request bring action to recover said charges in the name of the treasurer and receiver general. Such charges as are paid by the Commonwealth or by any city or town, shall not be deemed to be a pauper in consequence of his inability to pay for the support of a child in said school. The admission of a child as aforesaid to the school shall be deemed a commitment of the child to the care and custody of the Commonwealth, and the trustees with the approval of the state board of charity may in their discretion detain the child at said school during its school age or for such longer time, the period during its minority as in the opinion of the trustees will tend to promote the education and welfare of the child.

SECTION II This act shall take effect upon its passage. Approved June 15, 1909.

Section thirty-one of Chapter one hundred and twenty-one of The General Law is hereby amended by striking out, in the thirteenth line, the word, "four" and inserting in place thereof the word "six" - so as to read as follows.

Section thirty-one. The trustees may upon written application of any child entitled to receive the benefit of said school, or upon such application by a parent, guardian or person having the legal custody of the child, or by any state or municipal department, board or officer having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe, and

Payment for Support of Children

The board of local children shall have a legal settlement in some city or town shall be made by such city or town at a rate not exceeding \$5 a week, notice of the receipt of the children by the trustees being given by them to the overseers of the poor of the city or town settlement as soon as is practicable, and the tuition and board of those having no such settlement shall be made by the Commonwealth. The trustees may in their discretion receive other children who have no means to pay for tuition and board of all such children shall be paid from the treasury of the Commonwealth. The attorney-general and district attorney shall upon request bring action to recover said charges in the name of the treasurer and receiver general. Such charges as are paid by the Commonwealth or by any city or town, shall not be deemed to be a charge in consequence of the inability to pay for the support of a child in said school. The admission of a child as a boarder to the school shall be deemed a commitment of the child to the care and custody of the Commonwealth, and the trustees with the approval of the state board of charity may in their discretion detain the child at said school during its school age or for such longer time, the period during its stay as in the opinion of the trustees will tend to promote the education and welfare of the child.

SECTION II This act shall take effect upon its passage. Approved June 15, 1905.

Section thirty-one of Chapter one hundred and twenty-

one of The General law is hereby amended by striking out, in the thirteenth line, the word, "for" and inserting in place thereof the word "also" - so as to read as follows.

Section thirty-one. The trustees may upon written application of any child entitled to receive the benefit of said school, or upon such application by a parent, guardian or person having the legal custody of the child, or by any state or municipal department, board or officer having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe, and

the trustees may discharge such child from the school. The charges for the support of the children of the school who are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, shall be paid by such children, such persons or such kindred at a rate determined by the trustees. The board of such children as have a legal settlement in a town shall be paid by the town at a rate not exceeding six dollars a week, notice of the reception of the children by the trustees being given by them to the board of public welfare of the town as soon as practicable; and the tuition and board of those having no such settlement shall be paid by the commonwealth. The trustees may receive other children having no means to pay for tuition and support, and the tuition and board of all such children shall be paid by the commonwealth. The attorney general and district attorneys shall upon request bring action to recover said charges in the name of the state treasurer. The admission of a child as aforesaid to the school shall be deemed a commitment of the child to the care and custody of the commonwealth, and the trustees, with the approval of the department, may detain the child at said school during its school age, or for such longer period during its minority as in the opinion of the trustees will tend to promote the education and welfare of the child.

Payment of Support of Children Section 31, Page 85

This act is an Act to increase the rate of board of certain children in Massachusetts Hospital School.

Be it enacted as follows:

The trustees may upon written application of any child entitled to receive the benefit of said school, or upon such application by a parent, guardian or person having the legal custody of the child, or by any state or municipal department, board or officer having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe, and the trustees may discharge such child from the school. The charges for the support of the children who are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, shall be paid by such children, such persons

the trustees may discharge such child from the school. The charges for the support of the children of the school who are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, shall be paid by such children, such persons or such kindred as a rate determined by the trustees. The board of such children as have a legal settlement in a town shall be paid by the town at a rate not exceeding six dollars a week, notice of the resignation of the children by the trustees being given by them to the board of the welfare of the town as soon as practicable; and the tuition and board of those having no such settlement shall be paid by the commonwealth. The trustees may receive other children having no means to pay for tuition and support, and the tuition and board of all such children shall be paid by the commonwealth. The attorney general and district attorneys shall upon request bring action to recover said charges in the name of the state treasurer. The admission of a child as a student to the school shall be deemed a commitment of the child to the care and custody of the commonwealth, and the trustees, with the approval of the department, may detain the child at said school during its school age, or for such longer period during its minority as in the opinion of the trustees will tend to promote the education and welfare of the child.

Payment of Support of Children Section 21, Page 66

This act in an Act to increase the rate of board of

certain children in Massachusetts Hospital School.

Be it enacted as follows:

The trustees may upon written application of any child entitled to receive the benefit of said school, or upon such application by a parent, guardian or person having the legal custody of the child, or by any state or municipal department, board or officer having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe, and the trustees may discharge such child from the school. The charges for the support of the children who are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, shall be paid by such children, such persons

or such kindred at a rate determined by the trustees. The board of such children as have a legal settlement in a town shall be paid by town at a rate not exceeding six dollars a week, notice of the reception of the children by the trustees being given by them to the board of public welfare of the town as soon as practicable; and the tuition and board of those having no such settlement shall be paid by the Commonwealth. The attorney-general and district attorneys shall upon requests bring action to recover said charges in the name of the state treasurer. The admission of a child as aforesaid to the school shall be deemed a commitment of the child to the care and custody of the Commonwealth, and the trustees, with approval of the department, may detain the child at said school during its school age, or for such longer period during its minority as in the opinion of the trustees will tend to promote the education and welfare of the child.

This act is to increase the rate of board of certain children in Massachusetts Hospital School.

Section thirty-nine. Section thirty-one of said chapter one hundred and twenty-one as amended by chapter three hundred and forty-four of the acts of nineteen hundred and twenty-four is hereby further amended by striking out, in the sixteenth line, the words, "overseers of the poor" and inserting in place thereof the words, "board of public welfare", - and by striking out in lines twenty-three to twenty-seven inclusive, the words, "the charges paid by the Commonwealth or by any town, shall not be deemed to have been paid as state or pauper aid, and no person shall be deemed a pauper because of his inability to pay for the support of a child in said school", so as to read as follows.

Section 31. The trustees may upon written application of any child entitled to receive the benefit of said school, or upon such application by a parent, guardian or person having the legal

or upon removal at a rate determined by the
trustees. The board of such children as have
a legal settlement in a town shall be paid by
town at a rate not exceeding six dollars a week,
notice of the removal of the children by the
trustees being given by them to the board of
public welfare of the town as soon as practicable;
and the trustee and board of those having no such
settlement shall be paid by the Commonwealth.
The attorney-general and district attorneys shall
upon request bring action to recover said sums
in the name of the state treasurer. The admission
of a child as a boarder to the school shall be
based on a commitment of the child to the care and
custody of the Commonwealth, and the trustee,
with approval of the department, may remove the
child at said school during the school year, or
for such longer period during the minority as in
the opinion of the trustees will tend to promote
the education and welfare of the child.

This act is to increase the rate of board of
certain children in Massachusetts Hospital School.

Section thirty-nine. Section thirty-one of said

chapter one hundred and twenty-one as amended by chapter three

hundred and forty-four of the acts of nineteen hundred and

twenty-two is hereby further amended by striking out, in the

sixteenth line, the words, "persons of the poor" and insert-

ing in place thereof the words, "persons of public welfare"; -

and by striking out in lines twenty-three to twenty-seven

inclusive, the words, "the charges paid by the Commonwealth or

by any town, shall not be deemed to have been paid as state or

pauper aid, and no person shall be deemed a proper person of

responsibility to pay for the support of a child in said school."

to be read as follows.

Section 31. The trustees may upon written
application of any child entitled to receive the
benefit of said school, or upon such application
by a parent, guardian or person having the legal

custody of the child, or by any state or municipal department, board or officer having such custody, admit such child to said school, subject to such rules and regulations as the trustees may prescribe, and the trustees may discharge such child from the school. The charges for the support of the children of the school who are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, shall be paid by such children, such persons or such kindred at a rate determined by the trustees. The board of such children as have a legal settlement in a town shall be paid by the town at a rate not exceeding six dollars a week, notice of the reception of the children by the trustees being given by them to the board of public welfare of the town as soon as practicable; and the tuition and board of those having no such settlement shall be paid by the commonwealth. The trustees may receive other children having no means to pay for tuition and support, and the tuition and board of all such children shall be paid by the commonwealth. The attorney general and district attorneys shall upon request bring action to recover said charges in the name of the state treasurer. The admission of a child as aforesaid to the school shall be deemed a commitment of the child to the care and custody of the commonwealth, and the trustees, with the approval of the department, may detain the child at said school during its school age, or for such longer period during its minority as in the opinion of the trustees will tend to promote the education and welfare of the child.

Inspection

Acts and Resolves 1904, Chapter 446, Section 10

There must be a thorough visitation of the school and home by two of the trustees monthly, by a majority of them quarterly, and by the whole board semi-annually. After each visitation a written report of the state of the institution is drawn up and presented at the annual meeting in December. At the annual meeting the trustees make a detailed report of their doings to the governor and council and audit the report

any child, or by any state or
municipal government, board or officer having
any authority, shall be held to be a
violation of the laws and regulations as the
trustees may prescribe, and the trustees may
discontinue such child from the school. The
parents for the support of the children of the
school who are of suitable ability to pay for
the same, or have persons or things owned by
them to maintain them, shall be held to be
liable, and persons or things owned by a
child, shall be held to be liable as a
violation of the laws. The board of
trustees shall have a legal settlement in a town
shall be held by the town as a rate not exceeding
six dollars a year, notice of the location of the
children of the trustees being given by them to
the board of public welfare of the town as soon as
practicable; and the trustee and board of those
having an estate shall be held to be liable by the
trustees. The trustees may receive other
children having no means to pay for tuition and
support, and the trustee and board of all such
children shall be held by the trustees.
The trustee shall be held to be liable for the
upon request being action to recover said charges
in the name of the state treasurer. The trustee
of a child as a trustee to the school shall be
deemed a commitment of the child to the care and
custody of the community, and the trustee, with
the approval of the department, may detain the child
at said school during the school year, or for such
longer period during the minority as in the opinion
of the trustees will tend to promote the education
and welfare of the child.

Inspection

There must be a thorough visitation of the school
and home by two of the trustees monthly, by a majority of them
quarterly, and by the whole board semi-annually. After each
visitation a written report of the state of the institution is
drawn up and presented at the annual meeting in December.
At the annual meeting the trustees make a detailed report of
their duties to the governor and council and submit the report

of the treasury and transmit this report to the governor and council.

There was an amendment to this law in 1919, Chapter 350, Section 8. General Acts of Massachusetts 1919, Section 8 reads thus:

All reports required by law to be made by any office, board, commissioner and other governmental organization or agency affected by this act shall hereafter be made by the executive and administrative head of the department in which such governmental organization or agency is placed or to which its rights, powers, duties and obligations are transferred.¹

The present law in 1932, Chapter 121, Section 32 reads:

There shall be a thorough inspection of the school by two of the trustees thereof monthly, and by a majority of them quarterly, and by all of them semi-annually, and after each inspection a written report of the state of the institution shall be drawn up. The treasurer shall present his report at said annual meeting, and the trustees shall then audit it. The commissioner shall make an annual report of the acts of the trustees.²

Accounts, Inspection, etc.

The accounts and books of the treasurer are at all times open to the inspection of the trustees. The state board of Charity has general supervision of the home and school and may, when so directed by the governor assume and exercise the powers of the board, trustees in any matter relating to the management of the school and home.

Acts and Resolves of 1904, Chapter 446, Section 11. The law reads as:

¹Manual of Laws, 1932, Chapter 121, Section 32.

²Acts and Resolves, 1904, Chapter 446, Section 11.

of the treasury and transmit this report to the governor and
council.

There was an amendment to this law in 1919, Chapter
250, Section 3. General Acts of Massachusetts 1919, Section
3 reads thus:

All reports required by law to be made by any
office, board, commission and other governmental
organization or agency created by this act shall
hereafter be made by the executive and administrative
head of the department in which such govern-
mental organization or agency is placed or to which
the right, power, duties and obligations are
transferred.

The present law in 1938, Chapter 181, Section 32 reads:

There shall be a thorough inspection of the school
by two of the trustees, elected annually, and by a
majority of their committee, and by all of them
semi-annually, and after each inspection a written
report of the state of the institution shall be
drawn up. The treasurer shall present his report
at this annual meeting, and the trustees shall then
audit it. The organization shall make an annual
report at the end of the trustees.

Accounting, Inspection, etc.

The accounts and books of the treasurer are at all
times open to the inspection of the trustees. The
state board of charity has general supervision of
the home and school and may, when so directed by
the governing agency and exercise the power of the
board, interfere in any matter relating to the
management of the school and home.

Acts and Resolves of 1904, Chapter 446, Section 11. The law

reads as:

Inspection

The accounts and books of the treasurer shall at all times be open to the inspection of the trustees.

The law concerning the Accounts and Inspection, etc., reads:

Laws of 1932, Chapter 121, Section 33. The accounts and books of the treasurer shall at all times be open to the inspection of the trustees.¹

For the purpose of meeting expenses incurred under the provision of the act, the treasurer and receiver-general was authorized to issue scrip or certificate of indebtedness, such scrip or certificate of indebtedness issued or registered bonds with interest coupons attached to bear interest not exceeding 4% per annum. The act provided for raising of money by taxation to pay the interest on the loan and the principal as it fell due.²

The act was approved June 8, 1904.

By a law passed in 1920, the trustees of the Massachusetts Hospital School, subject to supervision by the department of Public Welfare, were authorized to construct from time to time, suitable buildings for the hospital care and treatment of such state minor wards as may be assigned to their care by the said department of Public Welfare.

¹Manual of Laws, 1932, Chapter 121, Section 33.

²Acts and Resolves of Massachusetts, 1904, Chapter 446, Sec. 13.

Inspection

The accounts and books of the Treasurer shall at all times be open to the inspection of the trustees.

The law concerning the Accounts and Inspection, etc., reads:

Law of 1922, Chapter 121, Section 22. The accounts and books of the Treasurer shall at all times be open to the inspection of the trustees.

For the purpose of meeting expenses incurred under

the provision of the act, the Treasurer and Receiver-General

are authorized to issue scrip or certificates of indebtedness,

such scrip or certificates of indebtedness issued or registered

bonds with interest coupons attached to bear interest not

exceeding 4% per annum. The act provided for raising of money

by taxation to pay the interest on the loan and the principal

as it fell due.

The act was approved June 8, 1904.

By a law passed in 1920, the trustees of the Mass-

a Charlotte Hospital School, subject to supervision by the Depart-

ment of Public Welfare, were authorized to contract from time

to time, with the said hospital for the hospital care and treatment

of such state minor wards as may be assigned to their care by

the said Department of Public Welfare.

Manual of Laws, 1922, Chapter 121, Section 22.

Acts and Resolves of Massachusetts, 1904, Chapter 446, Sec. 12.

The law of 1920, Chapter 597, Section 3 reads as follows:

Use of Land, Buildings, etc., by Hospital and School

Any land acquired or buildings erected under the provisions of any act now or hereafter in force including this act relative to the Massachusetts Hospital School or the hospital for state minor wards unless it is otherwise expressly provided and also any farm products raised at the said hospital school, may, as the trustees shall from time to time determine, be used either interchangeably or exclusively for said hospital school or said hospital, or in common for the benefit of both institutions, officers, employees, and attendants. Such officers, employees and attendants shall, as required by the trustees render service to either or both of the said institutions. Any sewer, heating, ventilating, water, or similar plant or system whether now or hereafter installed may so be separately or jointly.¹

The present law of 1932, Chapter 121, Section 36 concerning the use of land, buildings, etc., by hospital and school, reads.

Be it enacted, etc., as follows:

Any land acquired or buildings erected for the Massachusetts Hospital School or the hospital for state minor wards, unless it is otherwise expressly provided, and also any farm product raised at the said hospital school or at the said hospital, may as the trustees shall from time to time determine, be used either interchangeably or exclusively for said hospital school or said hospital or in common for the benefit of both institutions, and for the care and maintenance of their respective inmates, officers, employees, and attendants. Such officers, employees, and attendants, shall, as required by the trustees render service to either or both of the said institutions. Any sewer, heating, ventilating, water or similar plant or system may be so used, separately or jointly.²

¹Acts and Resolves of Massachusetts, 1920, Chap. 597, Sec. 3.

²Manual of Laws, Dept. of Public Welfare of Massachusetts, 1932, Chapter 121, Section 36.

The law of 1920, Chapter 297, Section 3 reads as follows:

Use of Land, Buildings, etc., by Hospital and School

Any land acquired or buildings erected under the provisions of any act or hereafter in force regarding this act relative to the Massachusetts Hospital School or the Hospital for State Minor wards where it is otherwise expressly provided and also any term provided at the said Hospital School, may, at the discretion of the time to time determining, be used either interchangeably or exclusively for said Hospital School or said Hospital, or in common for the benefit of both institutions, officers, employees, and attendants. Such officers, employees and attendants shall, as required by the trustees, render service to either or both of the said institutions. Any sewer, heating, ventilating, water, or similar plant or system whether now or hereafter installed may be separately or jointly.

The present law of 1922, Chapter 297, Section 3E

concerning the use of land, buildings, etc., by hospital and

school, reads:

Be it enacted, etc., as follows:

Any land acquired or buildings erected for the Massachusetts Hospital School or the Hospital for State Minor wards, where it is otherwise expressly provided, and also any term provided at the said Hospital School or at the said Hospital, may, at the discretion of the time to time determining, be used either interchangeably or exclusively for said Hospital School or said Hospital, or in common for the benefit of both institutions, and for the care and maintenance of their respective institutions, officers, employees, and attendants. Such officers, employees, and attendants shall, as required by the trustees render service to either or both of the said institutions. Any sewer, heating, ventilating, water, or similar plant or system may be used, separately or jointly.

Powers and Duties of Trustees

The trustees in 1904 were given the same powers and same duties in the management and control of the hospital for state wards as are vested in their administration of the hospital school. No state ward who is insane, feeble-minded, epileptic, or otherwise unfit, is admitted or received at the hospital for state wards, nor is any state ward admitted or received without the approval of the trustees and a written order of an authorized agent of the department of Public Welfare, nor released from such hospital without a written notice from the department.¹

The law is amended in 1920, Chapter 597, Section 2 of the Acts and Resolves and reads.

The hospital school under the provisions of chapter four hundred and forty-six of the acts of nineteen hundred and four and acts in amendment thereof and in addition thereto, in so far as said provisions may be applicable. No state ward who is insane, feeble-minded, epileptic, or otherwise unfit, shall be admitted to or received at the said hospital, nor shall any state ward so be admitted or received without the approval of the trustees and the written order of an authorized agent of the department of Public Welfare, nor released from said hospital without a written notice to said department.²

¹Manual of Laws, 1932, Chapter 121, Section 35.

²Acts and Resolves of Massachusetts, 1920, Chap. 597, Sec. 2.

Power and Control of Trustees

The trustees in 1901 were given the same powers and
duties as the management and control of the hospital for
state wards as are vested in their administration of the
hospital school. No state ward who is insane, feeble-minded,
epileptic, or otherwise unfit, is admitted or received at the
hospital for state wards, nor is any state ward admitted or
received without the approval of the trustees and a written
order of an authorized agent of the department of Public
Welfare, nor released from such hospital without a written
notice from the department.

The law is amended in 1902, Chapter 597, Section 2

of the Acts and Resolves and reads.

The hospital school under the provisions of
chapter four hundred and forty-six of the acts
of nineteen hundred and four and acts in amend-
ment thereto and in addition thereto, in so far
as said provisions may be applicable, no state
ward who is insane, feeble-minded, epileptic,
or otherwise unfit, shall be admitted to or
received at the said hospital, nor shall any
state ward be admitted or received without
the approval of the trustees and the written
order of an authorized agent of the department
of Public Welfare, nor released from said
hospital without a written notice to said
department.

Journal of Laws, 1902, Chapter 597, Section 2.
Acts and Resolves of Massachusetts, 1902, Chap. 597, Sec. 2.

The present law concerning the management of hospital, admissions, etc. under the General Laws, Chapter 121, Section 35 is as follows:

Management of Hospital, Admission, etc.

Be it enacted, etc., as follows:

The said trustees shall have the same powers and shall perform the same duties in the management and control of the said hospital for state wards as are vested in and required of them in their administration and control of the hospital school under section twenty-eight to thirty-three inclusive, so far as applicable.

No state ward who is insane, feeble-minded, epileptic, or otherwise unfit, shall be admitted to or received at the said hospital, nor shall any state ward so be admitted or received without the approval of the trustees and the written order of an authorized agent of the department, nor released from said hospital without written notice to said department.¹

¹Manual of Laws, 1932, Chapter 121, Section 35.

²General Laws, 1932, Chapter 76, Section 11.

The present law concerning the management of hospitals, asylums, etc., under the General Laws, Chapter 121, section 25 is as follows:

Management of Hospital, Asylum, etc.

As it enacted, etc., as follows:

The said trustees shall have the same powers and shall perform the same duties as the managers and control of the said hospital for those who are vested in and assigned of them in their administration and control of the hospital under section twenty-eight to thirty-three inclusive, so far as applicable.

No state ward who is insane, feeble-minded, epileptic, or otherwise afflicted, shall be admitted to or received at the said hospital, nor shall any state ward be admitted or received without the approval of the trustees and the written order of an authorized agent of the government, nor released from said hospital without written notice to said government.

(B)

Tuition of Inmates of Certain Institutions

For tuition in the public schools in any town of less than ten thousand inhabitants of any child between the ages of five and fifteen, and not a resident in such town, who is an inmate of an institution containing more than six inmates, the town may recover the school expense incurred by reason of the school attendance of such child to be determined by the school committee, and trustees or managers of the institutions, and in case of disagreement by the probate court with no demands made upon the trustees or managers without a vote of the town.

The law reads as follows:

General Laws Chapter 76, Section 11, Page 13.
For tuition in the public schools in any town of less than ten thousand inhabitants of any child between the ages of five and fifteen not theretofore resident in such town, who is an inmate of an institution containing more than six inmates, the town may recover from the institution the school expense incurred by reason of the school attendance of such child, to be determined jointly by a school committee and the trustees and managers of the institution, or, in the case of a disagreement, by the probate court; but no demand shall be made upon said trustees or managers without a vote of the town.¹

¹General Laws, 1932, Chapter 76, Section 11.

Provision of Interest of Certain Institutions

For Section 11, the public schools in any town of less than ten thousand inhabitants of any child between the ages of five and fifteen, and not a resident in such town, who is an inmate of an institution containing more than six inmates, the town may recover the school expenses incurred by reason of the school attendance of such child to be determined by the school committee, and trustees or managers of the institution, and in case of disagreement by the private account with no demand made upon the trustees or managers without a vote of the town.

The law reads as follows:

General Laws, Chapter 50, Section 11, Page 12.
For Section 11, the public schools in any town of less than ten thousand inhabitants of any child between the ages of five and fifteen not a resident in such town, who is an inmate of an institution containing more than six inmates, the town may recover from the institution the school expenses incurred by reason of the school attendance of such child, to be determined jointly by a school committee and the trustees and managers of the institution, or, in the case of a disagreement, by the private account; but no demand shall be made upon said trustees or managers without a vote of the town.

1898, Chapter 496, Section 8

The law concerning Tuition of Inmates of Certain Institutions in 1898 reads as follows:

For the tuition in the public schools in any town of less than ten thousand inhabitants of any child between the ages of five and fifteen years, not theretofore residents in such town, who is an inmate of an institution containing more than six inmates, said towns may recover from said institution the extra school expense incurred as may be determined jointly by the school committee of said town and the trustees or managers of said institution, or in case of disagreement between said school committee and said trustees or managers, as may be decreed by the probate court; provided that no demand shall be made upon said trustees or managers, without a special vote of the town instructing the school committee to that effect.

The Revised Law, 1905, Chapter 44, Section 4, etc., was amended. Section four of Chapter forty-four of the Revised Laws as amended by Chapter three hundred and seventy-five of the acts of nineteen and five, by section two of chapter two hundred and sixty-eight of the acts of nineteen hundred and eleven by section four of chapter seven hundred and seventy-nine of the acts of nineteen hundred and thirteen, and by chapter seventy-eight of the General Acts of nineteen hundred and fifteen is hereby amended by striking out the said section and substituting the present law of 1932, Chapter 76, Section 11.

Laws Relating to Special Classes in Individual Communities.

There are certain laws relating to special classes in individual communities. These laws are issued for the welfare of the physically handicapped children in their homes.

For several years, three or four cities, the first of which were Holyoke¹ and Melrose², have employed a full-time teacher who gives instruction in the homes to those children who cannot go to school.

In 1930 the General Court passed a law requiring an annual census of crippled children. The law further provided that in every town or city where there were found to be five or more children so crippled that they could not attend school, a teacher should be employed by the local school department to instruct them in their homes.

An Act Relative to the Education of Crippled Children
Be it enacted, etc., as follows:

Chapter seventy-one of the General Laws is hereby amended by inserting after section forty-six the following new section: Section 46 A. The school committee of every town shall annually ascertain under regulations prescribed by the department and the commissioner of public welfare, the number of children of school age and resident therein who are crippled. In any town, where at the beginning of any school year, there are five or more children so crippled as to make attendance at a public school not feasible, and who are not otherwise provided for, the school committee shall, and in any town where there are less than five such children may employ, a teacher or teachers, on full or part time, who shall with the approval in each case of the department

¹Annual Report of the Department of Education, 1933, p. 30 .

²Ibid, p. 30.

James Keating to Special Officer in Individual Communities

There are certain laws relating to special classes

in individual communities. These laws are located for the

welfare of the physically handicapped children in their homes.

For several years, three or four cities, the first of

which were Chicago and Milwaukee, have employed a full-time

teacher who gives instruction in the homes to those children

who cannot go to school.

In 1930 the General Court passed a law that within an

annual census of crippled children. The law further provided

that in every town or city where there were found to be five or

more children so crippled that they could not attend school, a

teacher should be employed by the local school department to

instruct them in their homes.

An act relative to the education of Crippled Children

Be it enacted, etc., as follows:

Chapter seventy-one of the General Laws is hereby amended by inserting after section forty-six the following new section: Section 46.1. The school committee of every town shall annually ascertain under regulations prescribed by the department and the commissioner of public welfare, the number of children of school age and resident therein who are crippled. In any town, where of the remaining of any school year, there are five or more children so crippled as to make attendance at a public school not feasible, and who are not otherwise provided for, the school committee shall, and in any town where there are less than five such children may employ, a teacher as teachers, on full or part time, who shall with the approval in each case of the department

and the said commissioner, offer instruction to said children in their homes or at such places and under such conditions as the committee may arrange. Approved May 26, 1930.

In 1932 the Acts of 1930, Chapter 368 was amended by Chapter 159 of the General Laws so as to include all physically handicapped children unable to attend school.

General Law 71, Section 46a amended is as follows:

Section forty-six of chapter seventy-one of the General Laws, inserted by chapter three hundred and sixty-eight of the acts of nineteen hundred and thirty is hereby amended by striking out, in the fifth and seventh lines, the word "crippled" and inserting in place thereof, in each instance, the words physically handicapped.

Section 46a, Chapter 71, 1932 is as follows:

The school committee of every town shall annually ascertain under regulations prescribed by the department and the commissioner of public welfare, the number of children of school age and resident therein who are physically handicapped. In any town where, at the beginning of any school year, there are five or more children so physically handicapped as to make attendance at a public school not feasible, and who are not otherwise provided for, the school committee shall, and in any town where there are less than five such children may, employ a teacher or teachers, on full or part time, who shall, with the approval in each case of the department and the said commissioner offer instruction to said children in their homes or, at such places and under such conditions as the committee may arrange.¹

¹ Manual of Laws, Department of Public Welfare, Massachusetts, 1932, Chapter 71, Section 46A.

and the said committee, after consultation
with all children in their home or in which
classes and under such conditions as the
committee may arrange. Approved May 20, 1930.

In 1932 the Act of 1930, Chapter 208 was amended by
Chapter 155 of the General Laws so as to include all physically
handicapped children eligible to attend school.

General Law VI, Section 46A amended is as follows:

Section forty-six of chapter seventy-one of the
General Laws, inserted by chapter three hundred
and ninety-eight of the Acts of nineteen hundred
and thirty is hereby amended by striking out, in
the fifth and seventh lines, the word "eligible"
and inserting in place thereof, in each instance,
the words "physically handicapped."

Section 46, Chapter VI, 1932 is as follows:

The school committee of every town shall annually
conduct a physical examination prescribed by the
department and the commissioner of public welfare,
the number of children of school age and resident
there who are physically handicapped, in any
town where, at the beginning of any school year,
there are five or more children so physically
handicapped as to make attendance at a public
school not feasible, and who are not otherwise
provided for, the school committee shall, and in
any town where there are less than five such
children may, employ a teacher or teachers, or
full or part time, who shall, with the approval
in each case of the department and the said
commissioner offer instruction to said children
in their homes or, at such places and under such
conditions as the committee may arrange.

The Departments of Education and Public Welfare have, under this act, adopted the following recommendations and regulations as to the administration of the law.

Recommendations as to Census.

Under the law the school committee of any town or city must annually ascertain the number of children of school age and resident therein who are crippled. For this census, the enclosed form will be found convenient and can be used in connection with the establishment of the home instruction later provided for in the law. It is recommended that this census be taken under the direction of the school physicians and nurses. The form should be circulated among teachers, physicians, social agencies and other persons likely to be interested, in order to secure as complete a census as possible. Many cases of neglect have come to our attention where crippled children have never received educational advantages. Enumerators, in taking school census, should make a special effort to report all crippled children.

Suggestions as to Organization of Instruction

In organizing instruction, the following principles should be borne in mind.

Instruction is intended for those who cannot attend public schools because of their handicap. For the sake of the advantages of association with other children, every effort possible should be made to send to the public school those who can in any way be cared for and transportation should be

The Department of Education and Public Welfare have
under this act, adopted the following recommendations and
regulations as to the administration of the law.
Recommendations as to Law.

Under the law the school committee of any town or
city must annually ascertain the number of children of school
age and resident therein who are orphaned. For this purpose,
the enclosed form will be found convenient and can be used in
connection with the establishment of the home institution
later provided for in the law. It is recommended that this
census be taken under the direction of the school physicians
and nurses. The form should be distributed among teachers,
physicians, social agencies and other persons likely to be
interested, in order to secure as complete a census as possible.
Many cases of neglect have come to our attention where orphaned
children have never received educational advantages.
Announcements, in setting school census, should make a special
effort to report all orphaned children.

Recommendations as to Organization of Institution

In organizing an institution, the following principles
should be borne in mind.
Institution is intended for those who cannot attend
public schools because of their handicap. For the sake of the
advantages of association with other children, every effort
possible should be made to send to the public school those who
can in any way be cared for and transportation should be

provided. Movable desks may be used and special hours may be arranged for the accommodations of crippled children.

To help you answer the question whether home instruction is desirable or whether hospital or special institutional training is required, the law provides a service by the Department of Public Welfare and the Department of Education, which will advise you. The Departments will also approve the home instruction for each pupil.

Regulations

In the case of a child who will benefit by the specialized training and hospital care of the State school at Canton (The Massachusetts Hospital School) or at any hospital in which specialized treatment or training is given, the school authorities shall make every effort to persuade the parents to send the child to such an institution.

Massachusetts Institutions offering specialized training are as follows:

Massachusetts Hospital School
Industrial School for Crippled and Deformed Children
New England Peabody Home
Children's Sunlight Hospital
Sol-e-Mar Hospital
Convalescent Home of the Children's Hospital
Berkshire County Society for Crippled and Deformed Children
Shriners' Hospital
Lakeville State Sanatorium

Home instruction shall be provided only for children who can benefit by such instruction.

Home instruction shall be available for no less than two half-hour periods a week. The teacher may be a part or a full-time instructor or one of the classroom teachers released for the time necessary for giving the special instruction.

In all towns and cities where there are five or more crippled children, approved educational opportunities must be provided.

In employing a teacher as instructor for crippled children in their homes under Chapter 368 of the Acts of 1930, school committees shall employ persons who have been graduated from a course in a normal school at least two years in length, or who have been graduated from a college course offering four years of instruction. Such persons shall have had at least three years of teaching experience.

In order to secure the approval of home instruction in each case by the Department of Education and Public Welfare, which is required under the law, a list of the names and addresses of all children for whom home instruction is being considered should be sent not later than November 1st each year, and before the organization has been completed, to the Department of Education, State House, Boston.

A survey of the physically handicapped made by the Department in September 1933 showed there were thirty-nine cities and towns in the State maintaining home instruction -

Home instruction shall be provided only for children
the own benefit of such instruction.

Home instruction shall be available for no less than
two half-hour periods a week. The teacher may be a part of a
full-time instructor or one of the classroom teachers released
for the time necessary for giving the needed instruction.

In all towns and cities where there are five or more
eligible children, approved educational opportunities shall be
provided.

In employing a teacher as instructor for eligible
children in their homes under Chapter 268 of the Acts of 1930,
school committees shall employ persons who have been graduated
from a course in a normal school at least two years in length,
or who have been graduated from a college course offering four
years of instruction. Such persons shall have had at least
three years of teaching experience.

In order to secure the approval of home instruction
in each case by the Department of Education and Public Welfare,

which is required under the law, a list of the names and
addresses of all children for whom home instruction is being
considered should be sent not later than November 1st each
year, and before the organization has been completed, to the
Department of Education, State House, Boston.

A survey of the physically handicapped made by the
Department in September 1933 showed there were thirty-nine
cities and towns in the State maintaining home instruction -

an increase of seventeen communities over 1930.¹ There were 93.6² visiting teachers in 1932-33 as compared with fifteen per cent in 1930, and the total membership in 1932-33³ was more than double that of 1930. The 1932-33⁴ memberships was 598. The total cost of maintenance in the cities in 1932-33⁵ was \$52,921.03⁶ with an average cost per pupil of \$103.97⁷. In the towns the total cost of maintenance was \$4,970.65 with an average cost of \$55.85 per pupil. The total maintenance cost for the State was \$57,891.68, the per pupil cost being \$100.33⁸. The communities which have inaugurated home instruction since 1930 are: Pittsfield, Salem, Fitchburg, Revere, Brookline, Winthrop, Norwood, Saugus, Plymouth, Winchester, Needham, Swampscott, Grafton, Shrewsbury, Uxbridge, Sudbury, and Granville and Chelsea.⁹

¹Annual Report of Department of Education of Massachusetts, Nov. 30, 1933, p. 30.

²Ibid , p. 30 .

³Ibid , p. 30 .

⁴Ibid , p. 30 .

⁵Ibid , p. 30 .

⁶Ibid , p. 30 .

⁷Ibid , p. 30 .

⁸Ibid , p. 30 .

⁹Ibid , p. 30 .

an increase of over ten communities over 1930.¹ There were 93.6² visiting teachers in 1933-34 as compared with fifteen per cent in 1930, and the total membership in 1933-34³ was more than double that of 1930. The 1933-34⁴ membership was 509. The total cost of maintenance in the cities in 1933-34⁵ was \$28,281.05⁶ with an average cost per pupil of \$103.97⁷. In the towns the total cost of maintenance was \$4,970.65 with an average cost of \$28.85 per pupil. The total maintenance cost for the State was \$37,251.62, the per pupil cost being \$100.33⁸. The communities which have transferred home instruction since 1930 are: Littleton, Salem, Wrentham, Revere, Brookline, Wintrop, Norwood, Bangor, Lynn, Weymouth, Needham, Swampscott, Grifton, Shrewsbury, Bridgewater, and Granville and Chelsea.⁹

Annual Report of Department of Education of Massachusetts,
Nov. 30, 1933, p. 50.

² Ibid., p. 50.

³ Ibid., p. 50.

⁴ Ibid., p. 50.

⁵ Ibid., p. 50.

⁶ Ibid., p. 50.

⁷ Ibid., p. 50.

⁸ Ibid., p. 50.

⁹ Ibid., p. 50.

(C)

Private Institutions

There are no laws for the incorporated institutions such as New England Peabody Home, Newton, Mass., the Berkshire School for Crippled Children, Pittsfield, Shriners' Hospital, Springfield, Sol-e-Mar, South Dartmouth and Massachusetts Industrial School, Boston.

They are supported by public or private welfare organizations of their native towns, and in many instances the institutions receive no reimbursement for the care given a child.

(c)

Private Institutions

There are no laws for the incorporated institutions such as New England Jewish Home, Boston, Mass., the Hampshire School for Blind Children, Pittsfield, Berkshire County, Massachusetts, Vol-e-Hat, South Dartmouth and Massachusetts Industrial School, Boston.

They are supported by public or private welfare organizations or their native towns, and in many instances the institutions receive no reimbursement for the care given a child.

CHAPTER V

FINANCIAL ASPECTS

The purpose of this chapter is to present the financial aspects of the different institutions for crippled children in Massachusetts. Because of the difficulty of securing data from the private institutions, a well-balanced report cannot be made. This chapter, therefore, will have to confine itself to facts secured from available reports of the private institutions. See tables at the end of this chapter.

New England Peabody Home

In 1906 the subscriptions and donations of the New England Peabody Home amounting to \$2,378.12 were increased by a bequest of \$5,000.00. The salaries and wages amounted to \$2,514.35 and the income from investments amounted to \$460.00.

From 1907 to 1914 the cash on hand increased from \$102.17 to \$654.49. The subscriptions and donations showed a decrease, but in 1914 amounted to \$1,020.00. In 1914 the bequest increased to \$8,958.33. The salaries of the employees increased one-half and the income on investments showed very little gain.

The donations continued to increase from 1917 to 1926. The salaries and wages of employees were much higher, but the income on investments decreased a great deal. The cash on

CHAPTER V

FINANCIAL RESULTS

The purpose of this chapter is to present the financial results of the different institutions for the period 1917 to 1936. Because of the difficulty of obtaining data from the private institutions, a well-balanced report cannot be made. This chapter, therefore, will have to confine itself to facts secured from available reports of the private institutions. See tables at the end of this chapter.

New England Penitentiary House

In 1905 the subscriptions and donations of the New England Penitentiary House amounted to \$2,878.12 were increased by a bequest of \$2,000.00. The salaries and wages amounted to \$2,514.25 and the income from investments amounted to \$460.00. From 1907 to 1914 the cash on hand increased from \$102.17 to \$254.42. The subscriptions and donations showed a decrease, but in 1914 amounted to \$1,020.00. In 1915 the budget increased to \$2,928.22. The salaries of the employees increased one-half and the income on investments showed very little gain. The donations continued to increase from 1917 to 1936. The salaries and wages of employees were much higher, but the income on investments decreased a great deal. The cash on

hand also showed a big falling off, due to the high expenses, salaries, repairs, and equipment.

In 1926 the cash on hand amounted to \$10,763.05. The interests and dividends showed a decided increase, and the home received legacies amounting to \$15,550.00. A goodly sum of \$5,211.00 was made on fairs and entertainments. The high salaries of that year were partly met by generous donations from wealthy friends.

From 1932 to the present time, the home has felt the great depression. The cash on hand has decreased, and the interest and dividends have fallen one-half, a total of \$39,289.36. The legacies amounted to only \$10,932.22. The salaries showed a big decrease and many employees took part pay without a murmur. In 1933 the income from contributors was reduced to \$5,283.00 while in 1926 and 1927 it was \$9,178.00.

Massachusetts Industrial School

In 1904 the Massachusetts Industrial School at 241 St. Botolph Street had a sum of \$13,199.40 on hand, and an income of \$6,171.77 from investments. Many subscriptions and donations as well as bequests helped to swell the sum needed for meeting the expense of the School, the largest item being employees.

The subscriptions and donations from the years 1905 to 1916 showed an increase, and the income from investments rose gradually until the years 1911 to 1916. In 1904 the

and also showed a big falling off, due to the high expenses, salaries, repairs, and equipment. In 1928 the cash on hand amounted to \$12,763.00. The interest and dividends showed a decided increase, and the total received for the year amounted to \$18,880.00. A goodly sum of \$2,414.00 was made on sales and entertainments. The high salaries of that year were partly met by generous donations from wealthy persons.

From 1928 to the present time, the same has held the great depression. The cash on hand has decreased, and the interest and dividends have fallen one-half, a total of \$20,889.32. The income amounted to only \$10,728.22. The salaries showed a big decrease and many employees took part very without a salary. In 1928 the income from contributors was reduced to \$2,882.00 while in 1929 and 1930 it was \$2,178.00.

Massachusetts Industrial School

In 1904 the Massachusetts Industrial School at 241 St. Botolph Street had a sum of \$18,199.40 on hand, and an income of \$5,171.77 from investments. Many subscriptions and donations as well as bequests helped to swell the sum needed for meeting the expense of the school, the largest item being salaries.

The subscriptions and donations from the years 1905 to 1910 showed an increase, and the income from investments rose gradually until the years 1911 to 1916. In 1904 the

salaries of employees was \$5,668.85 and in 1916, \$17,707.81. The item of transportation increased about one-half from 1904.

In 1917 the cash on hand at the end of the year amounted to \$2,162.74. This marked a big decrease, but the subscriptions and bequests showed a big increase that year. The salaries of the employees from 1917 to 1922 increased greatly because of the high cost of living.

From 1923 to the present time the subscriptions, donations, and bequests have fallen off. The wages have increased slightly. The income from investments was \$46,589.28 in 1925 and \$65,409.48 in 1929.

Berkshire School

In 1918 the subscriptions and donations to the Berkshire School of \$12,860.00 were slightly increased by \$414.00 received from entertainments. The interest, dividends, and rentals amounted to \$2,822.39 and the salaries of employees were \$2,433.24.

In 1920 there were decreases in the subscriptions given, but larger sums were made on entertainments and fairs. The salaries of the employees were double the amount of 1918 and the expenditures increased to \$11,304.85.

From the years 1921 to 1926 the donations and subscriptions showed a decided increase, but the expenditures were equally as great. The current expenditures for 1923 or \$15,233.31 were doubled in 1925, amounting to \$36,498.60. The salaries for the employees during the same space of time

salaries of employees was \$2,668.65 and in 1916, \$17,707.81. The item of transportation increased about one-half from 1904.

In 1917 the cash on hand at the end of the year amounted to \$2,168.74. This showed a big decrease, but the subscriptions and donations showed a big increase that year. The salaries of the employees from 1914 to 1922 increased greatly because of the high cost of living.

From 1923 to the present time the subscriptions, donations, and bequests have fallen off. The wages have increased slightly. The income from investments was \$42,689.25 in 1922 and \$68,409.48 in 1923.

Berkshire School

In 1918 the subscriptions and donations to the Berkshire School of \$18,660.00 were slightly increased by \$11.00 received from entertainments. The interest, dividends and rentals amounted to \$2,822.29 and the salaries of employees were \$2,433.84.

In 1920 there were decreases in the subscriptions given, but larger sums were made on entertainments and loans. The salaries of the employees were double the amount of 1918 and the expenditures increased to \$11,804.85.

From the years 1921 to 1922 the donations and subscriptions showed a decided increase, but the expenditures were equally as great. The current expenditures for 1923 or \$15,833.81 were doubled in 1925, amounting to \$33,498.90. The salaries for the employees during the same space of time

increased and in 1925 were \$15,631.90. There was an increase in the interest, dividends, and rentals for those years.

The legacies for the years 1927 to 1932 were \$26,500.00. In spite of a decrease in the subscriptions and donations, the salaries of the employees, the interest, dividends, and rentals remained about the same. The current expenditures rose with the high cost of living.

Since 1932 the output for salaries of employees and the income from interest, dividends, and rentals show little change. The donations and subscriptions have declined, but the expenditures are much higher than in the previous year.

The following table will present more graphically some of the above facts. No comparison can be made from the figures of these private institutions on account of the differences in the years for which data could be secured, differences in numbers under school care, and differences in character of schools.

Table of Comparative Costs for Private Schools
Based on Latest Available Figures

<u>Institution</u>	<u>Year</u>	<u>Cost of Operating</u>
Massachusetts Industrial School	1924	\$63,746.15
Berkshire School	1926	118,241.50
New England Peabody Home	1932	92,667.91

increased and in 1935 were \$15,651.90. There was an increase in the interest, dividends, and rentals for those years. The receipts for the years 1937 to 1938 were \$28,500.00. In spite of a decrease in the subscriptions and donations, the salaries of the employees, the interest, dividends, and rentals remained about the same. The current expenditures rose with the high cost of living. Since 1938 the output for salaries of employees and the income from interest, dividends, and rentals show little change. The donations and subscriptions have declined, but the expenditures are much higher than in the previous year.

The following table will present more graphically some of the above facts. No comparison can be made from the figures of these private institutions on account of the differences in the years for which data could be secured, differences in number under school care, and differences in character of schools.

Table of Comparative Costs for Private Schools
Based on latest available figures

Institution	Year	Cost of Operating
Massachusetts Industrial School	1934	\$63,746.15
Corcoran School	1934	110,341.50
New England Kennedy Home	1933	92,637.91

Massachusetts Hospital School

A study of the financial aspects of the Massachusetts Hospital School at Canton gives enlightening data concerning the cost to the State.

The contracts for the Massachusetts Hospital School approved on December 1, 1906 by the Governor of Massachusetts and his Council for the construction of the buildings, the heating and ventilating, plumbing, and electric wiring amounted to \$134,087. Other expenses were:- Architect's commissions, \$6,638.56; heating, ventilating, and lighting engineer's commission, \$1,169.40; furnishings, \$9,000.00; cost of land, \$11,500.00; office rent, salaries of secretaries, and incidentals, \$10,000.00; Total, \$172,394.96. The balance of \$127,605.04 unexpended from the first appropriation of \$300,000 was sufficient to complete and furnish three remaining dormitories and provide other necessary equipment.

During 1907 the trustees expended the sum of \$61,920.71¹ for buildings and equipment. The Board approved the estimate of the trustees for \$40,000 for the current year of which \$18,000 was devoted to salaries, wages, and labor and \$22,000 to the other necessary expenses.²

¹Annual Report of the State Board of Charity, 1907. p. 55 .

²Ibid , p. 56 .

Massachusetts Hospital School

A study of the financial aspects of the Massachusetts Hospital School at Canton gives an interesting data concerning the cost to the State.

The contract for the Massachusetts Hospital School approved on December 1, 1906 by the Governor of Massachusetts and his Council for the construction of the building, the heating and ventilating, plumbing, and electric wiring amounted to \$154,007. Other expenses were: - architect's commissions, \$5,000.00; heating, ventilating, and lighting engineer's commission, \$1,100.00; plumbing, \$2,000.00; cost of land, \$11,500.00; office rent, salaries of secretaries, and incidentals, \$10,000.00; Total, \$173,607.00. The balance of \$227,000.00 was expended from the first appropriation of \$300,000 was sufficient to complete and furnish three remaining dormitories and provide other necessary equipment.

During 1907 the trustees expended the sum of \$11,900.00 for buildings and equipment. The Board approved the estimate of the trustees for \$40,000 for the current year of which \$18,000 was devoted to salaries, wages, and labor and \$22,000 to the other necessary expenses.

In 1908 the running expenses were less than those of 1909, the difference being \$10,911.22. The average net cost per capita in 1908 was higher, but the wages, salaries, and other expenses amounted to \$36,385.46 in 1909. The net cost to the Commonwealth was \$25,411.39¹.

In 1912 out of an appropriation of \$69,027 a total of \$66,565.45 was expended for the maintenance of the institution. The total receipts from all sources other than the State Treasury were \$38,679.74. The net cost of maintenance to the Commonwealth was \$27,885.71. The weekly per capita cost of maintenance computed on expenses less sales and refunds from maintenance was \$5,575. The ratio of daily average number of persons employed to the daily average number of inmates were 1 to 3.6.²

In 1913 the cost to the Commonwealth amounted to \$29,087.52. A total of \$68,807.94 was spent out of the appropriation of \$73,614.00 for maintenance of the institution. That same year, the trustees asked for \$27,000 for the purchase of cows and dairy equipment.

¹Annual Report of the State Board of Charity, 1911. p. 46.

²Ibid, 1912. p. 47.

In 1908 the printing expenses were less than those of 1907, the difference being \$10,711.32. The average net cost per period in 1908 was higher, but the wages, salaries, and other expenses amounted to \$28,328.45 in 1908. The net cost to the Commonwealth was \$88,411.77.

In 1912 out of an appropriation of \$69,087 a total of \$46,582.45 was expended for the maintenance of the institution. The total receipts from all sources other than the State Treasury were \$28,279.74. The net cost of maintenance to the Commonwealth was \$17,322.71. The weekly per capita cost of maintenance computed on expenses less sales and returns from maintenance was \$5.05. The ratio of daily average number of persons employed to the daily average number of inmates was 1 to 3.6.

In 1912 the cost to the Commonwealth amounted to \$28,087.32. A total of \$69,087.94 was spent out of the appropriation of \$73,614.00 for maintenance of the institution. That same year, the trustees asked for \$27,000 for the purchase of cows and dairy equipment.

In 1914 the net cost to the Commonwealth was greater than in 1915 and 1916. This difference amounted to \$4,128.86 and the total receipts from all sources other than the State Treasury were \$43,083.21. The next year, 1917, the trustees repeated their request for \$15,000 for additional land¹ for erection of buildings and raising of crops.

From the years 1917 to 1923 inclusive the net cost to the Commonwealth, such as expenses, salaries, labor, etc., was greatly increased. In 1917 the net cost to the Commonwealth was \$52,543.21; in 1921, \$96,183.37; in 1923, \$115,301.72. This increase in costs was due to the high cost of living, to repairs and equipment needed for carrying on the maintenance of the institution.

For the years 1925 and 1926 the appropriations were about the same. The total cost for maintenance was \$169,023.52, and with an appropriation of \$175,260 plus \$3,290.24 brought forward from balance of 1925, the total amount available for maintenance was \$178,551.24. The weekly cost per capita was \$11.50. This item was much higher than that of the previous two years. The net cost of maintenance to the Commonwealth was \$100,509.34 and even this amount was much higher than in other years. The total expenditures for the year amounted to

¹Annual Report of the State Board of Charity, 1917. p.p.45-46 .

In 1916 the net cost to the Commonwealth was greater than in 1915 and 1916. This difference amounted to \$4,128.22 and the total receipts from all sources other than the State Treasury were \$45,085.21. The next year, 1917, the trustees requested their request for \$15,000 for additional land for location of buildings and raising of crops.

From the years 1917 to 1922 inclusive the net cost to the Commonwealth, even as expenses, salaries, labor, etc., was greatly increased. In 1917 the net cost to the Commonwealth was \$22,545.21; in 1921, \$22,122.87; in 1922, \$115,201.72. This increase in costs was due to the high cost of living, to repairs and equipment needed for carrying on the maintenance of the institution.

For the years 1923 and 1924 the expenditures were about the same. The total cost for maintenance was \$122,022.22 and with an appropriation of \$15,200 plus \$2,200.24 brought forward from balance of 1922, the total amount available for maintenance was \$137,201.24. The weekly cost per capita was \$11.50. This item was much higher than that of the previous two years. The net cost of maintenance to the Commonwealth was \$120,202.24 and even this amount was much higher than in other years. The total expenditures for the year amounted to

\$169,023.52 which sum divided by \$281.27, the daily average number of patients, gives a weekly per capita cost of \$11.50. By deducting the income of the year amounting to \$68,514.08 and again dividing by the daily average number of patients the net weekly cost to the State is found to be \$6.83.

The trustees asked for an appropriation of \$65,000¹ for a schoolhouse adequately fitted for the needs of the institution and for the best training of the pupils as well as for a proper consideration of their physical disabilities, especially in regard to fresh air needed for tuberculosis and delicate children.

The portion of Chapter 121 of the General Laws pertaining to the rate of board was amended under Chapter 344 of the Acts of 1924 increasing the board from \$4.00 to \$6.00 per week, which materially increased the income for another year. The decision of the Trustees to make no deduction in charging for the board of patients who were temporarily absent for a period less than one week instead of for each day's absence as heretofore was another source of income. The income for the year ending November 30, 1924 was \$52,463.84.²

¹Annual Report of the Trustees of the Massachusetts Hospital School at Canton, 1924. p. 4.

²Ibid, 1925. p. 6.

For the year 1924 the maintenance expenditure amounted to \$169,171.98 exceeding those of the previous year by \$7,890.99. The actual increases were found to be due to a greater stability of personal service, an increase in telephone rates, and greater demand for medical and general care. The food represented an increase of \$1,542.56 or \$766.81 increase in expenditures and \$775.75 decrease in inventory. But the expenditures for furnishing and ordinary repairs shows a decrease of \$675.24 and \$922.34 for transfer to items which could not be curtailed. The income from all sources was found to be \$80,851.30 exceeding by \$27,921.46, the income of last year.¹

A sum of \$431.28 representing the unexpended balance of the original grant of \$15,000 is still carried on the school ledger under special appropriations.² Each year since 1922 the trustees have requested that the balance of this appropriation be held available for the following year in anticipation that the legal settlement might be possible for any time. No special appropriation was recommended for this purpose; an item of \$7,000 was included in the maintenance estimates for the following year with which clearing operations might begin. The appropriation that year was \$88,406.83.

¹ Annual Report of the Trustees of the Massachusetts Hospital School at Canton, 1925. p. 12.

² Ibid, 1927. p. 3.

For the year 1932 the maintenance expenditure amounted to \$120,171.92 exceeding those of the previous year by \$7,000.00. The actual expenses were found to be due to a further supply of personal services, an increase in telephone rates, and greater demand for medical and dental care. The total represented an increase of \$1,543.50 or 1.25% increase in expenditures and \$775.75 decrease in inventory. But the expenditures for furniture and fixtures remain about a balance of \$27,100.00 and \$28,000.00 for transfer to 1933 which would not be credited. The income from all sources was found to be \$20,511.50 exceeding by \$27,588.50, the income of last year.

A sum of \$251.50 representing the unexpended balance of the original grant of \$15,000 is still carried on the school ledger under special appropriations. Each year since 1932 the trustees have reported that the balance of this appropriation be held available for the following year in anticipation that the legal settlement might be possible for any time. No special appropriation was recommended for this purpose; an item of \$7,000 was included in the maintenance budget for the following year with which clearing operations might begin. The appropriation for that year was \$22,400.00.

For the year 1928 the expenditures amounted to \$187,846.35 exceeding the previous year's cost of operation by \$4,499.59. The difference was due chiefly to the increase for personal service which had been strengthened and improved. The item for coal was favored by the mild winter, but the ice harvest was almost a complete failure. Even under more favorable weather conditions, there is the uncertainty of being able to obtain ice from the reservoir over which the institution has no authority. The ice house of 280-ton capacity is inadequate for the storage of the year's requirement. An item of \$4,800 has been included in the maintenance estimated for some needed improvements in refrigeration equipment later.

In 1929 reference was made in the annual report to the report of the year 1922 as to the probable later need of two cottages, one for boys and one for girls. The trustees urgently recommended an appropriation for the erection of at least one thirty-bed cottage of fireproof construction at an estimated cost of \$50,000. The east and west dormitories were replaced by buildings of fireproof construction as soon as the financial policy of the State permitted in 1929.

During the year 1931 another important addition to the plant was the erection of a residence for the Superintendent under Chapter 245, Acts of 1931, carrying an appropriation of \$22,000 with which the house was built and furnished. The apartment formerly occupied by the superintendent thus became available for the newly appointed physicians.¹

¹Annual Report of Trustees of Massachusetts Hospital School at Canton, 1931. p. 3.

For the year 1933 the expenditures amounted to \$12,545.45 exceeding the previous year's cost of operation by \$1,499.99. The difference was due chiefly to the increase for personal services which had been augmented and improved. The item for coal was favored by the mild winter, but the ice harvest was almost a complete failure. Even under these unfavorable weather conditions, there is the possibility of being able to obtain ice from the reservoir over which the institution has no authority. The ice house at 250-ton capacity is inadequate for the storage of the year's requirement. An item of \$4,800 has been included in the maintenance estimated for some needed improvements in refrigeration equipment later.

In 1933 reference was made in the annual report to the report of the year 1932 as to the probable later need of two cottages, one for boys and one for girls. The trustees urgently recommended an appropriation for the erection of at least one thirty-bed cottage of fireproof construction at an estimated cost of \$30,000. The east and west dormitories were replaced by buildings of fireproof construction as soon as the financial policy of the State permitted in 1933.

During the year 1933 another important addition to the plant was the erection of a residence for the Superintendent under Chapter 245, Acts of 1931, carrying an appropriation of \$23,000 with which the house was built and furnished. The apartment formerly occupied by the superintendent thus became available for the newly appointed physician.

Report made at request of Massachusetts Hospital School

at Canton, 1931, p. 3.

The weekly per capita cost for 1931 was determined by dividing the total expenditure of \$190,909.51 by 308.81 the daily average number of children and was found to be \$12.164 as compared to a cost of \$12.492 in 1930.¹ With an appropriation of \$202,910 plus \$4,878.48 brought forward from balance of 1929, the net cost to the Commonwealth was \$118,058.90. The ratio of daily average number of persons displayed to the daily average number of inmates was 2.7 and was higher in comparison with 1930. The appropriation of \$198,560 plus \$1,081.55 brought forward from the balance of 1930, made the total amount for maintenance that year, \$199,641.55. The sum of \$116,788.60 was for wages, salaries, and labor. The other expenses were \$74,120.91. The net cost of maintenance to the Commonwealth was \$107,255.05. The daily average number of persons employed to the daily average number of inmates was 2.7 as compared with those of 1930.

Lower prices for food supplies reduced expenditures of 1932 by \$1,519.32. The total cost of raw materials for food for the year, not including farm, garden, dairy, and poultry products, amounted to \$15,432.12.

¹Annual Report of the Trustees of Massachusetts Hospital School at Canton, 1931. p. 9.

The weekly per capita cost for 1935 was determined by dividing the total expenditures of \$100,000.00 by 200.00 the daily average number of children and was found to be \$12.50. This compared to a cost of \$12.45 in 1934. The expenditure of \$100,000.00 plus \$4,878.45 brought forward from the balance of 1934, the net cost to the Commonwealth was \$115,038.45. The ratio of daily average number of persons assigned to the daily average number of inmates was 2.7 and was higher in comparison with 1934. The expenditure of \$115,038.45 plus \$1,001.55 brought forward from the balance of 1934, made the total amount for maintenance that year, \$116,040.00. The sum of \$116,040.00 was for wages, salaries, and labor. The other expenses were \$74,180.00. The net cost of maintenance to the Commonwealth was \$110,838.00. The daily average number of persons assigned to the daily average number of inmates was 2.7 as compared with those of 1934. Lower prices for food supplies reduced expenditures of 1935 by \$1,001.55. The total cost of raw materials for 1935 for the year, not including rent, fuel, utility, and laundry products, amounted to \$15,437.12.

In spite of fewer admissions and discharges in 1931, both the minimum and maximum numbers of children under treatment at any time were correspondingly larger, so that the daily average was slightly above the 1931 record. The quota of 126 employees also was maintained at a fractionally higher average. The weekly per capita cost of maintenance in 1931 was reduced by \$1.0354 to \$10.7576.

In spite of curtailments imposed upon the institution by the depression in 1933 the welfare of the 657 children under treatment was not jeopardized. The closing of the books for the year 1933 resulted in an unexpended balance of \$6,792.60 with liabilities of \$3,191.80, or a net balance of \$3,600.80.

In October 1933, the citizens of Canton petitioned the Emergency Public Works Board for allocation of sufficient funds for the construction by the Board of a sewer for the Massachusetts Hospital School, leading from said school to the present town sewer. This was approved by the Emergency Public Works Board and later by His Excellency, Governor Joseph B. Ely, for the expenditure of \$60,589 without cost to the town. This appeared to be an equitable solution of a much needed project.¹

¹Massachusetts Annual Report of Department of Public Welfare, 1933. p. 42.

In spite of fewer patients and discharges in 1931, both the minimum and maximum number of children under treatment at any time were correspondingly larger, so that the daily average was slightly above the 1931 record. The quota of 125 employees also was maintained at a fractionally higher average. The weekly per capita cost of maintenance in 1931 was reduced by \$1.0384 to \$10.7376.

In spite of obligations imposed upon the institution by the Government in 1932 the welfare of the 627 children under treatment was not jeopardized. The closing of the books for the year 1932 resulted in an unexpended balance of \$3,792.50 with liabilities of \$3,191.50, or a net balance of \$600.00. In October 1932, the citizens of Canton petitioned the Emergency Public Works Board for allocation of sufficient funds for the construction by the Board of a sewer for the Massachusetts Hospital School, leading from said school to the present town sewer. This was approved by the Emergency Public Works Board and later by the Emergency, Governor Joseph B. Ely, for the expenditure of \$60,500 without cost to the town. This appeared to be an equitable solution of a much needed project.

In response to an invitation from the Emergency Public Works Board, the Trustees submitted recommendations for erection of a new thirty-bed cottage for girls and also a duplicate of the Ellis Cottage for boys. These two projects carried an appropriation of \$115,000 under the National Industrial Recovery Act.¹

For the year 1933 the income from all sources amounted to \$70,081.28 as compared to \$64,797.29 in 1932. This increase of \$5,283.99 in income is due principally to larger receipts for the care of unsettled cases and state minor wards. Income for the board of private patients was reduced from \$1,199.19 in 1932 to \$849.45 in this year 1933, while income for cities and towns for the corresponding years was less by \$1,108.23 or reduced from \$47,061.53 in 1932 to \$45,953.30 in 1933.²

The decreased income from towns and cities appears to be due to the inability of the local Department of Public Welfare to meet the heavy demands made upon them during the period of depression rather than upon any unusual delay in the determination of settlements.

¹Massachusetts Annual Report of Department of Public Welfare, 1933. p. 42 .

²Annual Report of the Trustees of Massachusetts Hospital School at Canton, 1933. p. 5 .

In response to an invitation from the Emergency Public Works Board, the Trustees submitted recommendations for erection of a new thirty-bed cottage for girls and also a duplicate of the Ellis Cottage for boys. These two projects carried an appropriation of \$118,000 under the National Industrial Recovery Act.

For the year 1933 the income from all sources amounted to \$70,081.33 as compared to \$64,797.33 in 1932. This increase of \$5,284.00 in income is due principally to larger receipts for the care of unattached cases and state minor wards. Income for the board of private patients was reduced from \$1,197.19 in 1932 to \$649.45 in this year 1933, while income for cities and towns for the corresponding years was less by \$1,108.23 or reduced from \$47,061.52 in 1932 to \$45,953.29 in 1933.

The decreased income from towns and cities appears to be due to the inability of the local Department of Public Welfare to meet the heavy demands made upon them during the period of depression rather than upon any unusual delay in the determination of settlements.

Massachusetts Annual Report of Department of Public Welfare, 1933, p. 45.
Annual Report of the Trustees of Massachusetts Hospital School of Nursing, 1933, p. 2.

1906	Buildings, equipment, etc.	\$300,000.00
1917	Land and buildings.	15,000.00
1924	Schoolhouse	65,000.00
1929	Cottage.	50,000.00
1931	Residence of Superintendent. . .	22,000.00
1933	Two cottages (N.R.A.)	<u>115,000.00</u>
Physical Plant - Total -		\$567,000.00

The following table shows the increasing net cost to the State for the running expenses:

1907	.....	\$40,000.00
1912	.....	27,885.71
1917	.....	52,543.21
1921	.....	96,183.37
1923	.....	115,301.72
1926	.....	100,509.34
1930	.....	118,058.90
1931	.....	107,255.05

In 1932 retrenchment was made because of the depression. Salaries were cut of all employees regardless of length of service. The income from private patients as well as from cities and towns has fallen off during these years of financial strain, so that the State has not been able as yet to restore salaries.

The above facts have been taken from the Annual Reports of the State Board of Charity from 1906 to 1919 and the Annual Reports of the Department of Public Welfare 1920 to 1933.

New England Peabody Home at Newton Centre, Mass.

<u>Date</u>	<u>Cash on Hand</u>	<u>Subs. & Donations</u>	<u>Bequests</u>	<u>Salaries & Wages</u>	<u>Income Investments</u>	<u>Transportation</u>	<u>Entertainments</u>
1906	\$ 102.17	\$2,378.12	\$5,000.00	\$2,514.35	\$ 460.00		\$2,504.00
1907	102.77	3,730.92	33,277.67	3,331.70	500.00		
1908	1,898.01	4,005.00	76,332.50	4,160.31	3,440.10		
1909	464.69	4,085.64	1,300.00	4,297.72	4,026.57		
1910	141.61	3,050.00	200.00	4,029.27	4,032.95		2,875.60
1911	136.19	1,200.00	9,500.00	3,780.95	3,907.80	\$ 160.48	
1912	1,512.20	1,002.00	4,081.74	3,826.48	3,440.50	149.00	
1913	1,245.56	1,016.00	2,750.00	3,852.31	3,330.25	229.42	
1914	654.49	1,020.00	8,958.33	4,879.22	3,051.50	220.75	
1915	168.50	1,143.00	8,912.32	5,661.57	3,020.00	219.14	
1916	187.75	1,905.50	525.00	5,224.72	2,884.90	181.37	
1917	1,713.71	1,116.00	12,703.43	6,126.94	2,106.50	234.50	
1918	11,898.50	1,804.00	955.00	6,520.00	2,107.00	124.00	
1919	1,105.85	2,001.00	972.50	8,654.56	10,543.00	458.38	
1920	6,895.64	1,022.00	1,801.74	8,539.97	72,476.90	1,128.50	2,400.00
1921		1,025.25	1,476.05	11,006.01	69,117.40	475.64	2,800.00

New England Peabody Home at Newton Centre, Mass.

1926-1927

<u>Cash on Hand</u>	<u>Interest and Div.</u>	<u>Legacies</u>	<u>Entertain-ment</u>	<u>Salaries</u>	<u>Membership and Sub.</u>
\$10,763.05	\$60,743.28	\$15,550.00	\$5,211.00	\$47,687.41	\$9,178.00

1932-1933

1,417.47	39,289.36	10,932.22	900.00	38,759.80	5,283.00
----------	-----------	-----------	--------	-----------	----------

7,714.41 38,383.32 10,223.33 300.00 38,987.88 2,882.00

1928-1929

Hand Car on 20,423.02 Eng Div. 280,442.88 Telephone 172,220.00 Rent 22,817.00 Utilities 241,694.41 Eng Shop 28,178.00

1928-1929

New England Telephone Home of Newton Centre, Mass.

Massachusetts Industrial School, St. Botolph St., Boston, Mass.

<u>Year</u>	<u>Cash on Hand</u>	<u>Subs. and Donations</u>	<u>Bequests</u>	<u>Salaries and Wages</u>	<u>Trans. of Pupils</u>	<u>Income from Investments</u>
1904	\$13,199.40	\$6,899.38	\$17,203.05	\$5,668.85	\$2,223.00	\$6,171.77
1905	4,622.64	10,401.18	2,000.00	6,967.16	2,145.00	3,373.01
1906	10,067.52	8,992.25	20,500.00	8,364.16	2,581.83	3,126.57
1907	11,240.48	14,874.79	14,080.05	9,103.74	2,777.23	2,856.48
1908	10,217.25	9,768.20	42,618.64	10,072.28	2,650.50	4,607.85
1909	8,944.33	9,842.07	7,143.41	11,575.65	2,598.25	5,804.62
1910	9,985.97	63,684.55	27,786.62	12,588.89	2,542.00	7,806.68
1911	5,360.75	10,070.13	22,712.00	13,441.82	3,358.02	11,327.61
1912	5,309.33	10,339.01	3,544.00	14,335.13	4,041.97	14,071.03
1913	7,025.78	25,047.88	6,582.20	20,700.57	5,394.84	14,775.22
1914	6,652.55	9,226.12	44,244.57	15,977.92	4,274.12	13,123.99
1915		10,315.08	60,600.00	17,799.24	3,948.83	17,812.03
1916		10,140.94		17,707.81	4,154.55	20,434.57
1917	2,162.74	11,879.04	46,289.93	18,210.37	2,959.12	23,342.98
1918	2,978.92	15,164.21	28,187.12	19,398.74	3,493.07	28,739.43

<u>Massachusetts Industrial School, St. Botolph St., Boston, Mass.</u>						
<u>Year</u>	<u>Cash on Hand</u>	<u>Subs. and Donations</u>	<u>Bequests</u>	<u>Salaries and Wages</u>	<u>Trans. of Pupils</u>	<u>Income from Investments</u>
1919	\$1,434.59	\$10,582.98	\$35,110.93	\$19,964.44	\$3,296.85	\$29,563.02
1920	2,550.08	7,936.60	46,599.18	20,665.60	4,829.74	34,314.68
1921	4,717.26	10,021.54	38,298.45	30,000.00	6,979.15	35,610.07
1922						
1923		5,157.00		6,994.13		3,021.71
1925		6,789.98	2,000.00	28,485.20		46,589.28
1926		7,283.04	94,081.32	28,881.86	53,058.86	56,164.02
1927		13,478.00	200,722.56	36,704.88	58,309.39	47,061.78
1928		6,151.00	237,377.78	40,800.51	62,299.63	55,932.36
1929		10,167.34	77,083.24	39,375.40	66,675.26	65,409.48
1934		3,287.00	59,895.22	26,249.56	64,120.18	64,210.71

NAME ADDRESS JO AGENCY JO LOCATION INITIALS STATION

<u>NAME</u>	<u>ADDRESS</u>	<u>JO</u>	<u>AGENCY</u>	<u>JO</u>	<u>LOCATION</u>	<u>INITIALS</u>	<u>STATION</u>
30.332,684	38.332,684	24.432,614	26.011,234	38.332,614	32.432,14	0101	
35.412,42	47.332,4	03.332,03	31.332,34	03.332,7	30.032,3	0301	
70.012,33	31.372,3	00.000,03	34.332,33	42.130,01	33.717,4	1301	
17.130,3	31.432,3			00.734,3		3301	
33.332,34	03.334,33	00.000,3	36.337,3			3301	
30.431,32	33.330,33	33.133,33	32.130,43	40.332,7		3301	
37.130,74	32.302,32	33.407,32	32.337,003	00.374,31		7301	
33.332,32	33.332,33	12.003,04	37.772,733	00.431,3		3301	
34.304,33	33.373,33	04.372,32	43.330,77	42.734,01		3301	
17.012,43	31.031,43	32.343,33	33.332,32	00.732,3		4301	

Berkshire County Society for Care of Crippled Deformed Children

<u>Date</u>	<u>Legacies</u>	<u>Sub. and Donations</u>	<u>Enter-tainment</u>	<u>Interest, Dividends</u>	<u>Salaries of Employees</u>	<u>Expend-itures</u>
1918		\$12,860.00		\$2,822.39	\$2,733.24	\$11,304.85
1920		4,712.73	\$ 601.85	9,554.49	4,897.43	
1921		18,459.40	414.00	13,774.71	9,683.04	
1922		18,810.82	5,101.52	15,018.20	14,895.34	31,352.27
1923	\$1,000.00	21,312.73	1,667.59	12,913.32	5,389.50	15,233.31
1924	5,248.00	17,883.51	5,248.00	13,843.66	12,582.15	37,819.08
1925	5,000.00	17,457.04		21,678.60	15,631.90	36,498.60
1926		14,329.01	1,877.39	18,140.92	15,536.55	36,637.81
1927	6,500.00	14,358.00	2,904.47	19,385.12	17,087.55	36,807.50
1928	10,000.00	11,588.83	2,742.81	20,425.50	18,027.16	38,919.33
1929		13,857.11	4,388.75	20,440.36	18,359.88	42,771.66
1930	10,000.00	9,050.05	4,730.42	17,974.40	20,303.00	39,324.79
1932	4,123.85	7,196.55		19,803.44	17,637.95	33,104.51

Massachusetts Hospital School at Canton, Mass.

<u>Date</u>	<u>Total Appropriations</u>	<u>Ratio of Daily No. of Inmates</u>	<u>Cost to Commonwealth</u>	<u>Salaries, Wages, Labor</u>	<u>Other Expenses</u>	<u>Weekly Cost per Capita</u>	<u>New Appropriations</u>
1908	\$25,473.94			\$11,307.86	\$14,166.08	\$10.05	\$40,000.00
1909	36,385.96			16,217.75	20,168.21	5.93	55,000.00
1910	55,000.00			21,461.21	23,538.79	6.10	62,600.00
1911	62,600.00	1 to 3.6	\$25,411.39	25,630.02	36,256.74	5.51	
1912	69,027.00	1 to 3.6	27,885.71	27,368.16	39,197.29	5.575	
1913	73,614.00	1 to 3.3	29,087.52	30,283.39	38,524.57	5.583	27,000.00
1914	82,619.62	1 to 3.6	36,299.15	32,324.07	44,355.57	5.874	86,015.00
1915	82,282.00	1 to 3.6	34,809.56	34,555.27	45,510.21	5.840	85,527.00
1916	83,651.00	1 to 3.6	38,938.42	36,806.55	45,215.08	6.00	97,086.00
1917	96,710.00	1 to 3.6	52,543.21	39,598.71	53,526.56	6.532	120,072.00
1918	114,500.00	1 to 2.6	64,235.17	41,826.01	68,180.06	7.881	130,658.00
1920	143,289.81	1 to 3.7	98,255.82	57,516.34	84,366.71	9.857	181,842.00
1921	152,039.29	1 to 3.3	96,183.37	69,941.76	73,773.76	9.834	174,250.00
1922	156,551.25	1 to 2.9	98,701.74	73,080.79	70,371.43	10.167	181,468.00
1923	172,185.62	1 to 2.8	115,301.72	84,928.73	84,444.57	10.865	187,362.80

Massachusetts Hospital School at Canton, Mass.

<u>Date</u>	<u>Total Appropriations</u>	<u>Ratio of Daily No. of Inmates</u>	<u>Cost to Commonwealth</u>	<u>Salaries, Wages, Labor</u>	<u>Other Expenses</u>	<u>Weekly Cost per Capita</u>	<u>New Appropriations</u>
1924	\$170,685.00	1 to 2.7	\$108,357.61	\$87,394.61	\$73,886.38	\$10.404	\$181,208.00
1925	177,956.52	1 to 2.6	93,438.59	91,094.07	78,077.51	11.379	193,755.50
1926	178,551.24	1 to 2.6	100,509.34	90,023.14	79,100.38	11.52	194,949.33
1927	188,406.83	1 to 2.5	95,253.46	96,384.01	86,962.75	12.92	200,544.00
1928	195,743.14	1 to 2.5	107,145.04	103,670.14	84,176.21	13.211	203,503.50
1929	200,291.06	1 to 2.5	114,042.57	108,364.40	83,649.14	12,963	205,952.90
1930	207,788.48	1 to 2.7	118,058.90	111,958.06	87,496.39	12.46	210,875.00
1931	199,641.55	1 to 2.5	107,255.05	116,788.60	74,120.91		199,573.00
1932	193,238.00	1 to 2.5	119,573.29	116,952.00	67,459.58	11.74	192,148.00
1933	175,824.22	1 to 2.6	98,943.28	109,214.70	59,809.86	10.74	171,534.50

Nativity and Parentage of Children Admitted
in Massachusetts Hospital School in 1933

<u>Birthplace</u>	<u>Patient</u>	<u>Father</u>	<u>Mother</u>
Massachusetts	308	86	147
Other New England States	20	22	22
Other States	<u>10</u>	<u>26</u>	<u>19</u>
Total Native	338	134	188
<u>Other Countries</u>			
Alsace	--	2	--
Armenia	--	1	--
Austria	--	--	1
Azores	--	7	7
Belgium	--	--	2
British West Indies	--	--	1
Canada	4	28	28
Cape Verde Islands	--	12	10
England	--	1	3
France	--	1	--
Greece	--	2	2
Ireland	--	7	11
Italy	1	33	25
Lithuania	--	3	3
Newfoundland	--	1	1
Nicaragua	--	1	--
Poland	--	12	12

Birthplace and Parentage of Children Admitted
in Massachusetts Hospital School in 1933

<u>Birthplace</u>	<u>Patient</u>	<u>Father</u>	<u>Mother</u>
Massachusetts	308	88	147
Other New England States	20	22	22
Other States	10	22	19
Total Native	338	132	188
<u>Other Countries</u>			
Alaska	--	2	--
Armenia	--	1	--
Austria	--	--	1
Azores	--	7	7
Belgium	--	--	2
British West Indies	--	--	1
Canada	4	28	28
Cape Verde Islands	--	12	10
England	--	1	2
France	--	1	--
Greece	--	2	2
Ireland	--	7	11
Italy	1	22	22
Lithuania	--	2	2
Newfoundland	--	1	1
Nicaragua	--	1	--
Poland	--	12	12

Continued

<u>Birthplace</u>	<u>Patient</u>	<u>Father</u>	<u>Mother</u>
Portugal	--	1	2
Rumania	--	3	3
Russia	--	6	6
Scotland	--	4	2
Syria	--	1	1
Turkey	--	2	--
Total Foreign	5	128	120
Unknown	4	85	39
	347	347	347

Financial Statement

February 1, 1930

Dr.

Land and Buildings	\$ 436,961.46
Investments	1,186,520.38
Cash and Prepaid Accounts	11,763.00
	\$1,635,244.84

Cr.

Endowment Funds	\$1,509,732.94
Building Fund	312,792.04
Farm Building Fund	37,542.86
Furnishing and Equipment Fund	23,317.66
Fund for Apparatus for Children	401.50
Income Account	14,012.36
	\$1,637,245.74

James F. Francis (Trust)

Continued

<u>Birthplace</u>	<u>Patients</u>	<u>Father</u>	<u>Mother</u>
Portugal	--	1	2
Romania	--	3	3
Russia	--	6	6
Scotland	--	4	2
Syria	--	1	1
Turkey	--	2	--
Total Foreign	5	123	120
Unknown	4	88	39
	347	347	347

Sol-e-Mar Department

Receipts and Payments

Ending January 31, 1930

Receipts

Balance Income Feb. 1, 1929	\$7,080.02	
Less Compensation Insurance 1927 & 1928	<u>380.00</u>	
		\$ 6,700.02
Income for year from Investments		73,756.97
Farm Receipts		15,148.25
Receipts from Patients		<u>4,319.51</u>
		<u>\$88,912.43</u>
Balance Income Feb. 1, 1930		\$11,012.32

Financial Statement

February 1, 1930

Dr.

Land and Buildings	\$ 438,961.46
Investments	1,186,520.38
Cash and Prepaid Accounts	<u>11,763.90</u>
	\$1,637,245.74

Cr.

Endowment Funds	\$1,259,732.94
Building Fund	312,788.08
Farm Building Fund	27,043.26
Furnishing and Equipment Fund	25,917.56
Fund for Apparatus for Children	751.58
Income Account	<u>11,012.32</u>
	\$1,637,245.74

James P. Francis (Treas.)

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

This study of the history of the treatment of crippled children in Massachusetts has shown that institutions for cripples were introduced in the decade between 1890 and 1900, approximately three quarters of a century after the establishment in Munich of the first school for cripples in the world. The Massachusetts Industrial School in Boston and the New England Peabody Home in Newton preceded the establishment of the State Hospital School at Canton by ten years. Because of the increasing number of crippled children due to infantile paralysis between 1910 and 1920, three more private institutions were opened in different parts of the State: the Berkshire School at Pittsfield in 1918, the Sol-e-Mar at South Dartmouth in 1924, and the Shriners' Hospital at Springfield in 1925. The Sol-e-Mar was intended to minister chiefly to children of New Bedford and vicinity. All the other institutions have no geographical limitations for admission. More children from Boston attend the Massachusetts Industrial School. Children from all parts of the State seek care in the State Hospital School. Children from New York State as well as from all New England are welcomed at the Shriners' Hospital, and from New York State as well as Massachusetts at the Berkshire School. The latter is the only school with a fixed yearly fee, although all the State institutions accept pay for care of children from

NEW YORK AND MASSACHUSETTS

This study of the history of the treatment of crippled children in Massachusetts has shown that institutions for crippled were introduced in the decade between 1890 and 1900, approximately three quarters of a century after the establishment in London of the first school for crippled in the world. The Massachusetts Industrial School in Boston and the New England Reformatory House in Newton preceded the establishment of the State Hospital School at Canton by ten years. Because of the increasing number of crippled children due to infantile paralysis between 1910 and 1920, there were private institutions were opened in different parts of the State: the Berkshire School at Pittsfield in 1910, the Col-e-Mar at South Dartmouth in 1914, and the Berkshire Hospital at Springfield in 1922. The Col-e-Mar was intended to minister chiefly to children of New Bedford and vicinity. All the other institutions have no geographical limitations for admission. Boys children from Boston attend the Massachusetts Industrial School. Children from all parts of the State seek care in the State Hospital School. Children from New York State as well as from all New England are welcomed at the Berkshire Hospital, and from New York State as well as Massachusetts at the Berkshire School. The latter is the only school with a fitted gymnasium, although all the State institutions accept pay for care of children from

families that can afford to contribute. The Berkshire School refuses no child in need of care.

Only a small proportion of cripples are in the six institutions which this thesis has described in detail. Of the 6,141 crippled children reported to the State in 1932, 5,107 were non-institutional. Probably only a few over half of the children in institutions would be found in the six institutions already named. This fact does not mean that non-institutionals are not receiving good care, for they may be in institutions better adapted to them such as Lakeville, Westfield and North Reading.

Not only the physical treatment but the educational training in the six schools is of high grade. In three of the institutions, - Massachusetts Industrial, Sol-e-Mar, and Shriners' Hospital, the teachers are under the direction of the city boards of education. In the other three institutions special teachers are attached to the institutions to direct the education of the children. In all cases the trend is toward vocational training by which the child can become self-supporting. The State provides for non-institutional cases by sending teachers to the homes of children who cannot attend public schools.

This brief summary shows that the State of Massachusetts has not been remiss in her duty toward crippled children. Other states or private institutions wishing to profit by the experience of Massachusetts may be assisted by the following recommendations:

families that can afford to contribute. The Hawthorne School
refuses no child in need of care.

Only a small proportion of cripples are in the six
institutions which this report has described in detail. Of
the 5,541 crippled children reported to the State in 1902,
5,107 were non-institutional. Probably only a few ever left
of the children in institutions would be found in the six
institutions already named. This fact does not mean that
non-institutionals are not receiving good care, for they may
be in institutions better adapted to them such as Melrose,
Westfield and North Reading.

Not only the physical treatment but the educational
training in the six schools is of high grade. In three of
the institutions, - Massachusetts Industrial, Sol-e-Mar, and
Brimley Hospital, the teachers are under the direction of the
city boards of education. In the other three institutions
special teachers are attached to the institutions to direct
the education of the children. In all cases the trend is
toward vocational training by which the child can become self-
supporting. The State provides for non-institutional cases by
sending teachers to the homes of children who cannot attend
public schools.

This brief summary shows that the State of Massachu-
setts has not been remiss in her duty toward crippled children.
Other states or private institutions wishing to profit by the
experience of Massachusetts may be assisted by the following
recommendations:

A complete social and educational program for crippled children should aim at treating them like normal children. Potential cause of crippling should be discovered in order to remove the handicaps which crippled children suffer.

Orthopedic surgery must be followed by adequate after care, including plans for education and placement. The waste entailed by orthopedic surgery without adequate after-care has been one of the tragedies in the story of the crippled child. The problems of the later adolescent and early adult years are more acute and less adequately provided for than those of any other age group.

Every state should be encouraged to plan and to persist in a definite program of prevention. Special research into the prevention of the causes of crippling should be supported. Tuberculosis, infantile paralysis, rickets and cerebral palsy lead the list of diseases that make orthopedic care and special education necessary.

Recommendations for care of crippled children may be outlined as follows:

1. That every state have laws and machinery so that all crippled children must be reported to some responsible department - city - county - state.
2. That specialized medical and surgical care be made available; that this care include the special therapies and appliances, and that the quality of all services be safeguarded.
3. That a proper distribution of beds for acute, convalescent, and custodial cases be secured and that adequate follow-up service and parental cooperation be planned.

A complete social and educational program for crippled children should aim at treating them like normal children. Potential cause of crippling should be discovered in order to remove the handicaps which crippled children suffer. Orthopedic surgery must be followed by adequate after care, including plans for education and placement. The waste entailed by orthopedic surgery without adequate after-care has been one of the tragedies in the story of the crippled child. The problems of the later adolescent and early adult years are more acute and less adequately provided for than those of any other age group.

Every state should be encouraged to plan and to persist in a definite program of prevention. Special research into the prevention of the causes of crippling should be suggested. Tuberculosis, infantile paralysis, rickets and cerebral palsy lead the list of diseases that make orthopedic care and special education necessary.

Recommendations for care of crippled children may be outlined as follows:

1. That every state have laws and machinery so that all crippled children must be referred to some responsible Government - city - county - state.
2. That specialized medical and surgical care be made available; that this care include the special therapies and appliances, and that the quality of all services be maintained.
3. That a proper distribution of beds for acute, convalescent, and custodial cases be secured and that adequate follow-up service and parental cooperation be planned.

4. That every crippled child, where he may be, receive an education at public expense and that this education include vocational guidance, training and placement, of a type that will secure and safeguard remunerative employment.
5. That wherever necessary, public funds be provided to assist in securing the above services.
6. Lastly, that the general public be kept interested through the human touch which enlightens and enlivens everybody to the importance of the rights of crippled children and the economy of fitting them into the normal life of their communities.¹

McArthur, Douglas E.

Care of Crippled Children in the United States. New York City: Department of Social Hygiene, 1912. p.p. 1-35.

McArthur, Douglas E.

Some New Considerations Affecting the Future of Crippled Children. New York City, 1912. p.p. 1-12.

Reeson, John

Care and Education of Crippled Children in the United States. (Department of Child Hygiene). New York: (Harvey Associates Inc.) Russell Sage Foundation, 1912. p.p. 1-335.

Reeson, John

Civilization and the Cripple. London: John Bell, Sons and Co. Ltd., 1900. 11, Abchurch Lane, London, E.C. 4. p.p. 40-41.

Encyclopedia Britannica, The Fourteenth Edition, Vol. 5. Crippled Children. New York: The Encyclopedia Britannica, Inc., 1925. p.p. 722-723.

Encyclopedia Britannica, The Fourteenth Edition, Vol. 5. Crippled Children. New York: The Encyclopedia Britannica, Inc., 1925. p.p. 722-723.

¹ White House Conference, 1930. New York. The Century Company, 1931. p.300.

That every child should have an education at public expense and that this education should be of a type that will secure and maintain comprehensive employment.

That whatever necessary public funds be provided to assist in securing the above services.

Lastly, that the general public be kept informed through the mass media of the importance of the rights of children and the necessity of placing them into the normal life of their communities.

BIBLIOGRAPHY

PAMPHLET

- Bradford, Dr. Edward H. An Address - A Review of the Work of the School, 1926, p.p. 1-5.

BOOKS

- Ellis, William J. White House Conference, 1930. Section 4 - (Physically and Mentally Handicapped) New York: The Century Company, 1931. p.p. 291-318.
- Homer The Iliad. Book II, Vol. 1. (Translated by William Cullen Bryant) Boston: Houghton, Mifflin Company, 1870. p.p. 37, 38.
- McMurtrie, Douglas C. Care of Crippled Children in the United States. New York City: American Journal of Orthopedic Surgery, May 1912. p.p. 1-33.
- McMurtrie, Douglas C. Some Considerations Affecting the Primary Education of Crippled Children. New York City, 1910. p.p. 1-22.
- Reeves, Edith Care and Education of Crippled Children in the United States. (Department of Child Helping). New York: (Survey Associates Inc.) Russell Sage Foundation, 1914. p.p. 1-252.
- Watson, Frederick Civilization and the Cripple. London: John Ball Sons and Danielson, Great Titchfield Street, 1930. p.p. 88-91.

ENCYCLOPEDIA

- Encyclopedia Britannica, The Fourteenth Edition, Vol. 6. Crippled Children. New York: The Encyclopedia Britannica, Inc., 1929. p.p. 722-726.
- Encyclopedia, Cyclopedia of Education, Vol. 2. Crippled Children., Munroe, Paul. New York: Macmillan Company, 1911. p.p. 230-234.
- Encyclopedia of the Social Science, Vol. IV. Crippled Children. New York: Macmillan Company, 1931. p.p. 592-595.

ALPHABETICALLY

ALPHABETICALLY

As Address - A Review of the Work of
the School, 1900, p. 1-2.

BOOKS

Allen, William L.

The House of Commons, 1900.
Section 2 - (Physiology and Mental
Hygiene) New York: The Century
Company, 1901. p. 231-240.

The House of Commons, Vol. 1.
(Illustrated by William English Bryant)
Boston: Houghton, Mifflin Company,
1890. p. 37, 38.

Homer

Gate of Oxford University is the
United States. New York City:
American Journal of Pathology
Library, May 1912. p. 1-28.

Hortense, Douglas C.

Some Considerations Regarding the
History of the United States
Library, New York City, 1910.
p. 1-28.

Hortense, Douglas C.

Gate and History of Oxford
Library is the United States.
(Department of United States)
New York: (Grove Associates Inc.)
Russell Sage Foundation, 1914.
p. 1-28.

Hever, Edith

Civilization and the Triangle.
London: John Lane and Co. Ltd.,
Great Titchfield Street, 1900.
p. 28-31.

Watson, Frederick

ALPHABETICALLY

Physiology of the Human Body, The Fourteenth Edition,
Vol. 8. (Largest Edition) New York: The Macmillan
Co. Ltd., 1900. p. 1-28.

Physiology of the Human Body, Vol. 8.
Original Edition, London, 1900. New York:
Macmillan Company, 1911. p. 230-234.

Physiology of the Human Body, Vol. IV.
Original Edition, New York: Macmillan Company,
1901. p. 230-234.

BIBLIOGRAPHY (continued)

REPORTS

Annual Report, Berkshire County Society for the Care of Crippled and Deformed Children, 1919. p.p. 1-43.

Annual Report, Industrial School for Crippled and Deformed Children of Massachusetts, 1934. p.p. 1-21.

Annual Report, New England Peabody Home for Crippled Children of Massachusetts, 1902. p.p. 1-13.

Annual Report, New England Peabody Home for Crippled Children of Massachusetts, 1926-1927. p.p. 1-51.

Annual Report, New England Peabody Home for Crippled Children of Massachusetts, 1932-1933. p.p. 1-14.

Annual Report, Shriners' Hospitals for Crippled Children, 1928. 5 p.p.

Annual Report, Shriners' Hospitals for Crippled Children, 1934. 30 p.p.

Annual Report, Sol-e-Mar of Massachusetts, 1929-1934. p.p. 1-10.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1924. p.p. 2-14.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1925. p.p. 2-15.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1926. p.p. 2-15.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1927. p.p. 2-13.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1928. p.p. 2-14.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1929. p.p. 2-13.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1931. p.p. 2-15.

Annual Report, Trustees of Massachusetts Hospital School, Public Document, No. 82, November 30, 1933. p.p. 2-14.

REPORTS

- Annual Report, Berkshire County Society for the Care of
Deaf and Dumb Children, 1919, p. 1-43.
- Annual Report, Berkshire County Society for the Care of
Deaf and Dumb Children, 1920, p. 1-31.
- Annual Report, New England Society for the Crippled
Children of Massachusetts, 1902, p. 1-12.
- Annual Report, New England Society for the Crippled
Children of Massachusetts, 1903-1907, p. 1-31.
- Annual Report, New England Society for the Crippled
Children of Massachusetts, 1908-1909, p. 1-12.
- Annual Report, Children's Hospital for Crippled Children,
1908, p. 1-1.
- Annual Report, Children's Hospital for Crippled Children,
1909, p. 1-1.
- Annual Report, Children's Hospital for Crippled Children,
1910-1911, p. 1-12.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1924, p. 2-14.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1925, p. 2-15.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1926, p. 2-15.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1927, p. 2-15.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1928, p. 2-14.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1929, p. 2-15.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1930, p. 2-15.
- Annual Report, Trustees of Massachusetts Hospital School,
Public Document, No. 82, November 30, 1931, p. 2-15.

BIBLIOGRAPHY (continued)

REPORTS

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1920.
p. 31.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1921.
p.p. 108-109.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1922.
p.p. 42-43.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1923.
p.p. 43-44.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1925.
p.p. 38-39.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1926.
p.p. 40-42.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1927.
p.p. 41-42.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1928.
p.p. 35-36.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1929.
p.p. 37-39.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1930.
p. 50-52.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1931.
p.p. 49-52.

Annual Report, Department of Public Welfare of
Massachusetts, Public Document No. 17, November 30, 1933.
p.p. 43-45.

REPORTS

Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1930.	P. 31.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1931.	P. 32-33.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1932.	P. 34-35.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1933.	P. 36-37.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1934.	P. 38-39.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1935.	P. 40-41.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1936.	P. 42-43.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1937.	P. 44-45.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1938.	P. 46-47.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1939.	P. 48-49.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1940.	P. 50-51.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1941.	P. 52-53.
Annual Report, Department of Public Welfare of Massachusetts, Public Document No. 17, November 30, 1942.	P. 54-55.

BIBLIOGRAPHY (continued)

REPORTS

Massachusetts, The Commonwealth, Department of Public Welfare, Vol. 20, No. 4. (Oct., Nov., Dec., 1933).
The Handicapped. p.p. 217-220.

Massachusetts, Final Report of the Department of Public Welfare, relative to the number and care of crippled children, No. 401, 1931. p.p. 9-78.

- * 27th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1905. p.p. 98-100.
- * 28th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1906. p.p. 53-55.
- * 29th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1907. p.p. 44-45.
- * 30th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1908. p.p. 54-56.
- * 31st Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1909. p.p. 50-52.
- * 32nd Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1910. p.p. 42-44.
- * 33rd Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1911. p.p. 46-50.
- * 34th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1912. p.p. 47-50.
- * 35th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1913. p.p. 50-53.
- * 36th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1914. p.p. 46-49.
- * 37th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1915. p.p. 54-57.

- * Boston, Wright and Potter, Printing Company (State
Printers)

- * 77th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1906. P. p. 93-100.
- * 76th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1905. P. p. 83-91.
- * 75th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1904. P. p. 44-51.
- * 74th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1903. P. p. 84-91.
- * 73rd Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1902. P. p. 50-57.
- * 72nd Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1901. P. p. 43-44.
- * 71st Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1900. P. p. 46-50.
- * 70th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1900. P. p. 47-50.
- * 69th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1900. P. p. 50-53.
- * 68th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1900. P. p. 43-49.
- * 67th Annual Report, State Board of Charity of Massachusetts,
Public Document No. 17, 1900. P. p. 54-57.

Massachusetts, Final Report of the Department of Public
Welfare, relative to the number and care of orphaned
children, No. 601, 1901. P. p. 9-10.

Massachusetts, The Commonwealth, Department of Public
Welfare, Vol. 4, No. 4, 1901. Rev. Dec., 1901.

REPORTS

77th Annual Report (continued)

BIBLIOGRAPHY (continued)

REPORTS

- * 38th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1916. p.p. 55-58.
- * 39th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1917. p.p. 45-47.
- * 40th Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1918. p.p. 42-44.
- * 41st Annual Report, State Board of Charity of Massachusetts, Public Document No. 17, 1919. p.p. 34-35.

DOCUMENTS

Acts, Chapter 497, Section 1, 1909.

Massachusetts Acts and Resolves, Chapter 446, Section 1, 1904.

Massachusetts Acts and Resolves, Chapter 226, Section 1, 1907.

Massachusetts Acts and Resolves, Chapter 597, Section 2, 1920.

Massachusetts Acts and Resolves, Chapter 301, Section 91, 1931.

Massachusetts General Laws, Chapter 496, Section 8, 1898.

Massachusetts General Laws, Chapter 44, Section 4, 1905.

- * Boston, Wright and Potter, Printing Company (State
Printers)

ALPHABETICALLY (continued)

REPORTS

- * 1934 Annual Report, State Board of Charities of Massachusetts, Public Document No. 17, 1935, P. 45-55.
- * 1935 Annual Report, State Board of Charities of Massachusetts, Public Document No. 17, 1936, P. 45-55.
- * 1936 Annual Report, State Board of Charities of Massachusetts, Public Document No. 17, 1937, P. 45-55.
- * 1937 Annual Report, State Board of Charities of Massachusetts, Public Document No. 17, 1938, P. 45-55.

DOCUMENTS

- * 1934, Chapter 497, Section 1, 1935.
- * Massachusetts Acts and Resolves, Chapter 495, Section 1, 1934.
- * Massachusetts Acts and Resolves, Chapter 496, Section 1, 1937.
- * Massachusetts Acts and Resolves, Chapter 497, Section 2, 1938.
- * Massachusetts Acts and Resolves, Chapter 501, Section 1, 1931.
- * Massachusetts General Laws, Chapter 495, Section 2, 1935.
- * Massachusetts General Laws, Chapter 496, Section 1, 1936.

BIBLIOGRAPHY (continued)

DOCUMENTS

Massachusetts General Acts, Chapter 350, Section 8, 1919.

Massachusetts General Acts, Chapter 121, Section 29, 1920.

Massachusetts General Acts, Chapter 597, Section 3, 1922.

Massachusetts General Acts, Chapter 368, 1930.

Massachusetts General Acts, Chapter 76, Section 11, 1932.

Massachusetts General Laws relating to Education.
Bulletin of the Department of Education, Chapter 71,
Section 46a, 1932.

Massachusetts Manual of Laws, Chapter 121, Section 28,
1932.

Massachusetts, Department of Education, Survey of
Special Education of Atypical Children, 1934.
State Board of Education.

DOCUMENTS

Massachusetts General Acts, Chapter 280, Section 8, 1919.
Massachusetts General Acts, Chapter 121, Section 29, 1920.
Massachusetts General Acts, Chapter 257, Section 5, 1922.
Massachusetts General Acts, Chapter 266, 1920.
Massachusetts General Acts, Chapter 76, Section 11, 1922.

Massachusetts General Laws relating to Education.
Bulletin of the Department of Education, Chapter VI,
Section 46a, 1922.

Massachusetts Manual of Laws, Chapter 121, Section 29,
1922.

Massachusetts, Department of Education, Survey of
Special Education of Abnormal Children, 1921.
State Board of Education.

BOSTON UNIVERSITY



1 1719 02545 9928

